

Registration District No. **42** Primary Registration District No. **2000**

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Saint Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 hours  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town Saint Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1102 North 18th Street  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ray Barton Hall  
(b) If veteran,  name war \_\_\_\_\_  
(c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 4th  
year 1944 hour 5 minute 30 A. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Sarah C. Hall  
6. (c) Age of husband or wife if alive 60  
7. Birth date of deceased September 9, 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-4, 1944, to 11-7, 1944, that I last saw him alive on 11-3, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
60 1 26 hr. min.

Immediate cause of death: Generalized peritonitis Duration 3 days

9. Birthplace Andrews County Missouri  
(City, town, or county) (State or foreign country)

Due to Repetitive gastric ulcer 3 days

10. Usual occupation Merchant

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Other conditions Diabetes M. several yrs  
(Include pregnancy within 3 months of death)

12. Name John Charles Hall

Major findings: Of operations 61

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

Of autopsy See above

14. Maiden name Sarah Catherine Tabler

15. Birthplace unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. Sarah C. Hall

(b) Address 1102 North 18th Street

17. (a) Burial (b) Date thereof Nov. 6, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah, Missouri

18. (a) Signature of funeral director Mrs E. R. S. DENFADEN

(b) Address 602 South 10th Street

19. (a) 11-6-44 (b) Selen G. Hinkle  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature McGraves (M. D. or other)

Address S. Joseph, Mo. Date signed 11/4/44

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Mollie E. Sidenfaden Fox

Licensed Embalmer No. 4235

P. O. Address St. Joseph, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**