No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1945

Registration District No. 307

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10501

Primary Registration District No. 6032

Registrar's No. 2030

1. PLACE OF DEATH:

(a) County RIPLEY

(b) City or town DONIPHAN Nonincorporated
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
FOUR MILES SOUTH OF TOWN.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community ONE MONTH.

2. USUAL RESIDENCE OF DECEASED: 53

(a) State MISSOURI (b) County DENT

(c) City or town SALEM.
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME SAMUEL FRANKLIN HALL.

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife REGINA HALL

6. (c) Age of husband or wife if alive 62. years

7. Birth date of deceased January (Month) 24, (Day) 1882. (Year)

8. AGE: Years 63. Months -- Days 13. If less than one day ..... hr. ..... min.

9. Birthplace Atlanta Georgia, (City, town, or county) (State or foreign country)

10. Usual occupation Real Eabate dealer.

11. Industry or business .....

FATHER
12. Name Columbus Hall
13. Birthplace Atlanta, (City, town, or county) Georgia. (State or foreign country)

MOTHER
14. Maiden name Minerva Hornsby
15. Birthplace ..... (City, town, or county) Georgia. (State or foreign country)

16. (a) Informant Mrs. Regina Hall (Widow).
(b) Address Salem, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-45. (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director F. E. Jordan,
(b) Address Doniphan, Mo.

19. (a) 2-15-45 (Date received local registrar) (b) E. B. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 5, year 1945. hour 6; minute 00 A.M.

21. I hereby certify that I attended the deceased from 1-10-, 1945, to 2-5-, 1945; that I last saw him alive on 2-4-, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis — Duration

Due to Arterio Sclerosis; Diabetes mellitus

Due to .....

Other conditions (Include pregnancy within 3 months of death) Had Apoplexy Stroke one year previous.

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. Edw. Adamson (M.D. or other)

Address Doniphan, Mo. Date signed 2-8-45

674

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 3200

P. O. Address .....

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.