

FILED AUG 9 1945

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 173

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: Bathwell Hospital
(If not in hospital for institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
(Specify whether years, months or days) 37 years
In this community 37 years

3. (a) PRINT FULL NAME Henry M. Hall

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (b) Name of husband or wife Dora A. Hall
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased June 15 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 23 Days 23 If less than one day hr. min.

9. Birthplace New Lebanon Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name George W. Hall

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

14. Maiden name Miss Rhea
(City, town, or county) (State or foreign country)

15. Birthplace Boonville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Hall

(b) Address La Monte Mo.

17. (a) Burial (b) Date thereof July 11
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo.

18. (a) Signature of funeral director B.F. Parker

(b) Address La Monte Mo.

19. (a) 7-11-45 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town La Monte Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1945 hour 12 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 15 1945 to July 9 1945
(that I last saw him alive on July 9 1945 and that death occurred on the date and hour stated above.)
Immediate cause of death Choke
Duration _____

Due to Choke

Due to 27 hr

Other conditions Choke
(Include pregnancy within 3 months of death)

Major findings: Of operations Choke

Of autopsy Choke

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?

While at work? _____ (Specify type of place)

(e) Means of injury Choke

23. Signature M. W. Groves (M. D. or other)

Address La Monte Mo. Date signed July 11 1945

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-7-45

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

B. J. Garner

Licensed Embalmer No.

1592

P. O. Address

71 Monte Ymo

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.