

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 1 1948 18

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25716

State File No. 7491

1003

Registrar's No.

Registration District No.

Primary Registration District No.

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Barnes Hospital, 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

## 3. (a) PRINT FULL NAME

JOHN THOMAS HALL3. (b) If veteran,  
name war NIL3. (c) Social Security  
No. NONE

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife EMMA LEWIS HALL  
 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased MAY 9 1884  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 3 17 hr. min.

9. Birthplace CARLINVILLE ILLINOIS  
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

## 11. Industry or business

12. Name JACKSON HALL  
 13. Birthplace UNKNOWN TENN.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MARY MILLHORN  
 15. Birthplace UNKNOWN TENN.  
 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. EMMA HALL  
 (b) Address CARLINVILLE, ILL  
 17. (a) REMOVAL (b) Date thereof 8-28-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation CARLINVILLE, ILL

18. (a) Signature of funeral director ALBERT H. HOPPE  
 (b) Address 4700 WASHINGTON BLVD.  
AUG 28 1948

19. (a) \_\_\_\_\_ (b) J. J. Beck  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MACOUPIN 999  
 (c) City or town CARLINVILLE  
 (If outside city or town limits, write "RURAL") NR 0  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 2  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26  
 year 1945 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from Aug. 14, 1945, to Aug. 26, 1945;  
 that I last saw him alive on Aug. 26, 1945;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary embolus  
 Due to mesenteric obstruction 2 ± mos.

Due to Ce. of head of pancreas 15 yr.

Other conditions: 46g  
 (Include pregnancy within 3 months of death)

Major findings: 1st open: Ce. of Pancreas  
 Of operations 2nd open: mesenteric obstruction  
 Of autopsy Pulmonary embolus

## PHYSICIAN

Underline 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 C

23. Signature FR Bradley (M. D. ~~\_\_\_\_\_~~)  
 Address Barnes Hospital Date signed 8/27/45

**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 *Gilbert E. Kopp*  
Licensed Embalmer No. *2971*

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.**