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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30755

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jasper Co T B Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 1/2 years (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Boonville 1 (If outside city or town limits, write "RURAL")

(d) Street No. 913 Main Street 2 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Douglas E. Hall

3. (b) If veteran, name war

3. (c) Social Security No. 327-05-9972

4. Sex male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 12 (Day) 1877 (Year)

8. AGE: Years 68 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Jamestown (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name David A Hall
13. Birthplace Virginia 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lydia Howard
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9 (Month) 7 (Day) 1945 (Year)

(c) Place: burial or cremation Versailles Mo

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City Mo

19. (a) Sept. 7 1945 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1945 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from May 14, 1941, to Sept 7, 1945, that I last saw him alive on Sept 7, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 136

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 Jesse E. Douglas (M. D. ~~or other~~)

Address Webb City Mo Date signed 9/7/45

(Licensed Embalmer's Statement on Reverse Side)

15-9-741

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 Richard Gray Lewis, Registered Apprentice No. 365, working under my personal supervision.

Signed P. W. Fridge.

Licensed Embalmer No. 2859

P. O. Address Webb City 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.