S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1946

State File No. 41212

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1032

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 737 Woodlawn 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Mo~~ Mo (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 737 Woodland 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME HIRAM LEE HALL

3. (b) If veteran, name war no

3. (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 Sylvia Hall

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

7. Birth date of deceased April (Month) 19 (Day) 1874 (Year)

8. AGE: Years 71 Months 7 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation Grocery man

11. Industry or business Grocery man

FATHER
12. Name Wm Hall
13. Birthplace UNK (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lizzie Hank
15. Birthplace UNK (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Florence Witherspoon
(b) Address 703 Woodlawn, Sprfd, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 17, 45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director J W Kingsworth
(b) Address Springfield Mo

19. (a) 12-17-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1945 hour 2 minute 25 A.M.

21. I hereby certify that I attended the deceased from Nov. 1 1945, to Dec 15 1945
that I last saw him alive on Dec 14 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Spinal injury	
Due to Fall	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
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) Accident
(b) Date of occurrence 11-1-45 133
(c) Where did injury occur? Near Springfield Greene Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On fishing trip (Specify type of place)
While at work? Fishing (e) Means of injury Fall

23. Signature Robert F Williams (M. D. or other)
Address Springfield Mo Date signed 12/15/45

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1957

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.....

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.