

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1945
Registration District No. 274

Primary Registration District No. 3052

State File No. _____
Registrar's No. 328

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

1. PLACE OF DEATH: **Pettis**

(a) County _____

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

(c) Name of hospital or institution:
623 East 10th street /
(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 **18 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**

(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")

(d) Street No. **623 East 10th street**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Charles Newton Hall**

3. (b) If veteran, name war **none**

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 **Minnie Schaeffer Hall** alive **74** years

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

7. Birth date of deceased **June 27, 1869**
(Month) (Day) (Year)

8. AGE: **76** Years **5** Months **4** Days
If less than one day _____ hr. _____ min.

9. Birthplace **Streeter, LaSalle County, Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer -retired**

11. Industry or business **agriculture**

12. Name **Charles Hall**

13. Birthplace **Heisington, Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Vivian Nichols (dau.)**

(b) Address **623 East 10th, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **12/3/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Duane Ewing**

(b) Address **Sedalia, Mo.**

19. (a) **12/3/45** (b) **R. J. Campbell**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
December 1,

20. DATE OF DEATH: Month _____ day _____
year **1945** hour **3:10** minute _____ P. M.

21. I hereby certify that I attended the deceased from **About 5**
1/4 years 19____ to **DEC 1** 19**45**
that I last saw him alive on **Nov 30th** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to **Old Int. hepatitis**

Due to _____

Other conditions **Sanity**
(Include pregnancy within 3 months of death)

Duration **5 years**

5 years

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations **none**

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**

(b) Date of occurrence **None**

(c) Where did injury occur? **no**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **Dr. B. Carlisle M.D.** (M. D. _____)
Address **Sedalia Mo** Date signed **12.3.45**

1486 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-7-46.....

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:

Quane Ewing

Licensed Embalmer No. 3847

P. O. Address: *Sedalia, 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: