

S. No. 2  
M-5-43  
5-17-39  
I X3667

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20687**

**FILED JUN 20 1946**

Registration District No. **192** Primary Registration District No. **5568** Registrar's No. **192**

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution:  
11201 East sixth St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 77 Years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME FORREST LEE HALL**

(b) If veteran, name war \_\_\_\_\_ (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 Sallie E. Hall 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 28 1868  
(Month) (Day) (Year)

**8. AGE:** Years 77 Months 4 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jackson County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Service Station Operator

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Albert Hall

13. Birthplace Howard County Penn.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Braden

15. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Sallie E. Hall

(b) Address 600 Sterling

17. (a) Burial (b) Date thereof 5/20/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Missouri

19. (a) June 6 - 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson **44**

(c) City or town (Rural) Blue  
(If outside city or town limits, write "RURAL")

(d) Street No. 600 Sterling  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 17 th. year 1946 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to May 16, 1946  
that I last saw him alive on May 16, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Bronchial

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Address] Date signed 5/18/46

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

19559

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**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 Raymond W. Martin  
Licensed Embalmer No. 4156  
P. O. Address Jules M.

**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.**