

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 29 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 173

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 111 Sanford Ave.
(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 71 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 111 Sanford Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PAULINA ANN HALL

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1946 hour 6 minute 10 P.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Benjamin Franklin Hall

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

7. Birth date of deceased: 7 - 6 - 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1939
to 7-18-46
that I last saw her alive on 7-18-46
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>0</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death: Cerebral Hemorrhage
(Stroke affecting Throat tongue)
(at side of side)

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

10. Usual occupation At Home

Due to Hypertension

Due to cardiovascular-Renal Disease

11. Industry or business _____

12. Name Fielding Tucker Toalson

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Jane Goslin

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

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

Major findings: _____

Of operations: _____

Of autopsy: _____

16. (a) Informant Mrs. Viola Douglas

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 7-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Locust Grove Cemetery

18. (a) Signature of funeral director Parsons Funeral Service
Columbia, Mo.

(b) Address _____

19. (a) 7-20-46 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

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) DO

Address [Address] Date signed 7-20-46

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-26-46

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 Thomas L. Tany
Licensed Embalmer No. 4132
P. O. Address Columbia, S.C.

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.