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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23381**

Registration District No. \_\_\_\_\_ Primary Registration District No. **5476** Registrar's No. \_\_\_\_\_

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

20237

1. PLACE OF DEATH:  
(a) County **GRUNDY**  
(b) City or town **Rural LINCOLN TWP**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**RFD # 1, TRENTON**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **51 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **ISAAC HALL**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **LULA HALL**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Jan 13 1886**  
(Month) (Day) (Year)

8. AGE: Years **60** Months **6** Days **2** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Kellduff Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **FARM**

MOTHER FATHER {  
12. Name **Harry S. HALL**  
13. Birthplace **Kellduff Iowa**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Frances E. Goodman**  
15. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Johnnie Hall**

(b) Address **Road to RFD # 1**

17. (a) **Rural** (b) Date thereof **7-16-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MARTIN CEMETERY**

18. (a) Signature of funeral director **Ray A. Dean**

(b) Address **Trenton Mo**  
19. (a) **7-15-46** (b) **Johnnie Hall**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **Grundy**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R70 #**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **14**  
year **1946** hour **11:40** minute **A.M.**  
21. I hereby certify that I attended the deceased from **July 1st**  
to **July 14th**, 19**46**.  
that I last saw him alive on **July 13th**, 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Thrombosis 2 weeks**  
Due to **Shot / Under**  
Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy **AKA**

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) (c) Means of injury \_\_\_\_\_  
23. Signature **Oliver B. Jeffrey M.D.**  
Address **Trenton Mo July 15th 1946**

**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 \_\_\_\_\_

*myself*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Robert B. Davis*

Licensed Embalmer No. \_\_\_\_\_

*4219*

P. O. Address \_\_\_\_\_

*Trenton, 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.**