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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

**FILED** ~~MISSOURI~~ STANDARD CERTIFICATE OF DEATH

State File No. 27779

Registration District No. 210

Primary Registration District No. S773

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Mercer

(c) Name of hospital or institution: Mercer  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community all his life  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer 65

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

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

3. (a) PRINT FULL NAME Levi C. Hall

(b) If veteran, name war no

(c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
year 1946 hour 6 minute \_\_\_\_\_ P. A.

21. I hereby certify that I attended the deceased from January 7  
1946 to July 4 1946  
that I last saw him alive on July 4 1946  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Ida Mae Hall

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 12 1866  
(Month) (Day) (Year)

Immediate cause of death Coronary embolism

Due to gangrene of foot and leg 2mo.

8. AGE: Years Months Days If less than one day

80 1 22 hr. \_\_\_\_\_ min.

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

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

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

10. Usual occupation farmer

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

12. Name Jay Hall

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

14. Maiden name C. King

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

16. (a) Informant Mary Lindsey

(b) Address Princeton, Mo

17. (a) burial (b) Date thereof July 5, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ferley

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton, Mo

19. (a) 7-7-46 (b) Edwin Martin  
(Date received local registrar) (Registrar's signature)

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

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) \_\_\_\_\_

(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 L

23. Signature Byron A. Artell (M. D. or other) D.O.

Address Princeton, Mo. Date signed 7-5-46

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

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Bill Muss

Licensed Embalmer No. 2634

P. O. Address Penitentiary 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.**