

S. No. 2
M-5-43
7-5-17-39
P I X36671

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

29268

State File No.

Registrar's No.

145

Registration District No. 324

Primary Registration District No. 6093

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
R.F.D. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 Years years, months or days)

3. (a) PRINT FULL NAME Marshall David Hall

3. (b) If veteran, name war # _____ 3. (c) Social Security No. # _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary M. Utterback 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 28, 1859
(Month) (Day) (Year)

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

87 6 9 _____ hr. _____ min.

9. Birthplace Sweet Springs Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Slater Flower Mill

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Clay Hall

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

{ 14. Maiden name Dianna Urton

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

16. (a) Informant Mrs. Richard A. Halsey

(b) Address Marshall, Mo. R.F.D. 4

17. (a) Burial (b) Date thereof 8/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs, Mo.

18. (a) Signature of funeral director J. Leslie Swinney

(b) Address Marshall

19. (a) 8-27-46 (b) M. D. Utterback
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall
(If outside city or town limits, write "RURAL") 0

(d) Street No. R.F.D. 4 (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from JAN-1, 1946 to Aug 24 19 46

that I last saw him alive on Aug 24 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal-Vascular Duration _____
Asphyxiation

Due to Pneumonia
Thrombosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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 D

23. Signature E. O. Halsey (M. D. or other) D

Address Marshall Mo Date signed 8-26-46

29x

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

7-7-46

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 _____

J. Leslie Surrency

Licensed Embalmer No. *2235*

P. O. Address *Marshall, 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.