

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

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
 BUREAU OF THE CENSUS
FILED NOV 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 1208

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
116 South 19th. Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Not
(Specify whether)
 In this community 55 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 116 South 19th. Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Smith Hall
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 24th.
 year 1946 hour 8 minute P. M.
 21. I hereby certify that I attended the deceased from
April 4, 1946 to Oct. 24, 1946
 that I last saw him alive on Oct 24, 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 Rosa Deal Hall
 6. (c) Age of husband or wife if alive 86 years
 7. Birth date of deceased May 6, 1858
(Month) (Day) (Year)

Immediate cause of death
Arteriosclerotic Heart
Several months

8. AGE: Years Months Days If less than one day
88 5 18 hr. min.

Due to xxx Senile Gangrene Both feet About 3 yrs.

9. Birthplace East Hampton Connecticut
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Arteriosclerosis General
 Major findings: _____
 Of operations _____

10. Usual occupation Musican

Of autopsy 97
PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Lewis L. Hall

13. Birthplace East Hampton Connecticut
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Ann Bush

15. Birthplace East Hampton Connecticut
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Hall

(b) Address 116 So. 19th., St. Joseph, Missouri.

17. (a) Burial (b) Date thereof 10/26/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Halter Neierhoffer

(b) Address 1302 Faraon St. St. Joseph, Missouri.

19. (a) Oct. 28, 1946 (b) H. J. Neelhus
(Date received local registrar) (Registrar's signature)

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 A. E. B... (M.D. or other)

Address 830 Francis St. St. Joseph, Mo. Date signed 10/25/46

