No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36788 State File No.

Registration District No. 137 Primary Registration District No. 5514 Registrar's No. 220

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Leeton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Survey
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Leeton
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Zora Ira Hall
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Wm R. Hall
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 (Month) 22 (Day) 1874 (Year)

8. AGE: Years 72 Months 10 Days 2 If less than one day hr. min.
9. Birthplace Berryville (City, town, or county) Ark (State or foreign country)
10. Usual occupation Housewife
11. Industry or business none
MOTHER FATHER
12. Name W. S. Jones
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Susan Park
15. Birthplace (City, town, or county) Ark (State or foreign country)
16. (a) Informant Mrs Don Jones
(b) Address Leeton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Little Mianqua Cem
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo
19. (a) 11-25-46 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1946 hour 7:40 minute A M.

21. I hereby certify that I attended the deceased from 11-20, 1946 to 11-24, 1946 that I last saw h-d alive on 11-22, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Appendicitis	4 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 83A	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. L. Walters (M. D. or other) MD
Address Clinton Mo Date signed 11-25-46

120 (Licensed Embalmer's Statement on Reverse Side)

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton

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.