

FILED NOV 25 1946

Registration District No. _____

Primary Registration District No. 4284

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town LaBelle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not to hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town LaBelle
(If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George F. Hall

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 14 - 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>4</u>	<u>26</u>	hr. min.

9. Birthplace Buffalo Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Owen H. Hall
13. Birthplace Buffalo Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Irene Luchie
15. Birthplace unknowned Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas H. Hall
(b) Address LaBelle, Missouri

17. (a) Burial (b) Date thereof Nov. 13-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cemty. at Mechanicsburg, Ill.

18. (a) Signature of funeral director Norman D. Coder
(b) Address LaBelle, Missouri

19. (a) 11/21/46 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
year 1946 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov. 10, 1946
to November 10, 1946
that I last saw him alive on November 10, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Valvular Heart Duration _____

Due to Arthritis

Due to High Blood Pressure

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy [Signature]
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 [Signature]

23. Signature [Signature] (M.D. or other) DO
Address LaBelle Date signed 11-11-46

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

36431

161

DEC 20 1946
DEC 3 1946

FEB 6 1947

FEB 13 1947

FEB 19 1947

RECEIVED
District Health Officer No. 10
District File Number 46-2093
Filed - NOV-22-1946

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.....

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

Signed Norman D. Cooper

Licensed Embalmer No. 3721

P. O. Address LaBelle, 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.