

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1398

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 1/2 hrs
(Specify whether years, months or days)

In this community 18 1/2 hrs

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. 803 South 10th St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Daryl Rascoe Hall Jr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race w

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: 12 (Month) 16 (Day) 46 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 19 hr. 34 min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business New born

MOTHER FATHER { 12. Name Daryl Rascoe Hall

13. Birthplace Prudence West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Maye Bernice Davis

15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Daryl Hall (father)

(b) Address 803 South 10

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

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Herman W. Edens

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 12-18-46 (b) H. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1946 hour 12:01 minute a. M.

21. I hereby certify that I attended the deceased from 12:16, 1946 to 12:17, 1946
that I last saw him alive on 12:16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Prematurity
7 mo. gestation

Due to _____

Due to _____

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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 H. C. Jenkins (M. D. or other) _____
Address St. Joseph, Mo. Date signed 12-17-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Emmanuel Phocas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.