

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40295

State File No.

Registrar's No.

989

BUREAU OF THE CENSUS  
FILED DEC 28 1946

Registration District No.

128

Primary Registration District No.

5467

1. PLACE OF DEATH:

(a) County Greene  
 (b) City or town Rural 1st Roberson Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Willard R.F.D. 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 30 Years  
(Specify whether years, months or days)  
 In this community 30 Years

3. (a) PRINT FULL NAME MYRTLE MAR HALL

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

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William H. Hall  
 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August 16, 1897  
(Month) (Day) (Year)

8. AGE: Years 49 Months 3 Days 22  
 If less than one day hr. min.

9. Birthplace Marion County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business House Wife

MOTHER FATHER { 12. Name Joseph Edis  
 13. Birthplace Marion County, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Isabelle Voin Grem  
 15. Birthplace Marion County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Hall  
 (b) Address Willard, Mo., R.F.D. 2

17. (a) Burial (b) Date thereof Dec. 11, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roberson Prairie

18. (a) Signature of funeral director Fred G. Thoms  
 (b) Address Springfield, MO.

19. (a) 12/11/46 (b) W J Handy MD  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Willard R.F.D. 2  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th  
 year 1946 hour 6:30 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 1 1946 to Dec 8 1946  
 that I last saw her alive on Nov 15 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis Duration 1 yr

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46 B  
 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) Area of injury \_\_\_\_\_

23. Signature W J Handy MD (M. D. or other) MD  
 Address Springfield, MO Date signed 12-9-46

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

39169

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**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.....

*Ralph H. Thomas*

Licensed Embalmer No. 3681 -

P. O. Address Springfield, 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.**