No. 2
-4-13-40
5-17-39
P I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1947

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43206

Primary Registration District No. 3074

Registrar's No. 96

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

1. PLACE OF DEATH:
(a) County SCOTT
(b) City or town SIKESTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Highway 60 R.R. Crossing 3 (Frisco)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Dunklin 35
(c) City or town Cardwell.
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOSEPH-LEE HALL

3. (b) If veteran, name war no

3. (c) Social Security No. 429-12-8355

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maudie L. Hall

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Feb. (Month) 13 (Day) 1915 (Year)

8. AGE: Years 31 Months 10 Days 10 If less than one day hr. min.

9. Birthplace New Madrid, (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Exterminator

11. Industry or business

FATHER
12. Name Joe Hall
13. Birthplace Butler Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Maggie Matthews
15. Birthplace New Madrid Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Maudie L. Hall
(b) Address Cardwell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation Leachville, Ark.

18. (a) Signature of funeral director Howard Und. Co.
(b) Address Leachville, Ark.

19. (a) 12-30-46 (Date received local registrar) (b) Mrs T F Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd year 1946 hour 8.16 minute P. M.

21. I hereby certify that I attended the deceased from VIEWED AND INVESTIGATED 1, 19, to DECEMBER 23, 1946 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death CRUSHED SCULL

Due to BEING STRUCK BY FRISCO FREIGT TRAIN

Due to

Other conditions BRUISES + LACERATIONS
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) 1
(b) Date of occurrence DECEMBER 23, 1946 100
(c) Where did injury occur? SIKESTON (City or town) SCOTT (County) MO. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? FRISCO RAILROAD CROSSING AT HIGHWAY 60 (Specify type of place)
While at work? (e) Means of injury

23. Signature Orville Taylor (M. D. or other) Coroner
Address Sikeston, Mo. Date signed 12/27/46

303

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1947

RECEIVED
District Health Office No. 2,
District File Number 147 - 4
Date Filed 1 - 3 - 47

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 H. H. Howard

Licensed Embalmer No. 2959

P. O. Address Leachville Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
—3-45
43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan 96

Registration District No. 333 Primary Registration District No. 3074 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph T. Hall

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 13 1945
(Month) (Day) (Year)

8. AGE: Years 31 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (b)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 23
year 1946 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from Viewed & Investigated
19 to Dec. 23, 1946
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Duration
CRUSHED SCULL

Due to BEING STRUCK BY FRISCO FREIGHT TRAIN While DRIVING AUTOMOBILE

Due to AT HIGHWAY 60 + FRISCO JUNCTION

Other conditions BRUISES + LACERATIONS
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1908
Of autopsy 23

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) ACCIDENT

(b) Date of occurrence Dec. 23, 1946

(c) Where did injury occur? SIKESTON Scott Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
FRISCO RAILROAD CROSSING + HIGHWAY 60
(Specify type of place)

While at work? (e) Means of injury

23. Signature Orville Taylor Coroner

Address Date signed 1/14/47

S-43206