

FILED JAN 16 1947

State File No. \_\_\_\_\_

Registration District No. 226

Primary Registration District No. 4337

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Madison  
(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 Lifetime years, months or days

3. (a) PRINT FULL NAME Thomas Smith Hall

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Ellen Brewer Hall 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased (Month) 9- (Day) 21- (Year) 1866

8. AGE: Years 80 Months 2 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name George Hall

13. Birthplace Cleveland Ohio (City, town, or county) (State or foreign country)

14. Maiden name Cornelia Smith

15. Birthplace Cleveland Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mr Tom Hall

(b) Address Madison Mo

17. (a) Burial (b) Date thereof 1-8-46 (Month) (Day) (Year)

(c) Place: burial or cremation Smith Hall

18. (a) Signature of funeral director Fred A Thompson

(b) Address Madison Mo

19. (a) Jan 9 1947 (b) Oliver Little (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Monroe  
(c) City or town Madison (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If applicable location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1947 hour 2 minute pi M.

21. I hereby certify that I attended the deceased from Jan 5 1947 to Jan 5 1947 that I last saw him alive on Jan 5 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 MIN

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations QA 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) (Specify type of place) (Specify type of place)

23. Signature Geo W. Little (M. D. or \_\_\_\_\_)

Address Madison Mo

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 10  
District File Number 1-47-22  
Date Filed JAN 14 1947

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 Mrs Fred A Thompson  
Licensed Embalmer No. 3282  
P. O. Address Madison 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.