

No. 2  
A-5-43  
5-17-39  
I X36671

FILED FEB 11 1947  
Registration District No. 294

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County RANDOLPH  
(b) City or town MOBERLY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
WOODLAND HOSP. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 1/2 DAY years, months or days)

3. (a) PRINT FULL NAME KITTIE NOLA HALL

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

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife JOHN HALL 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased: AUG. 24, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 5 10 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name SAMUEL R. SEE  
13. Birthplace MARION Co., Mo. O  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY ELIZABETH HEATHMAN  
15. Birthplace MONROE Co., Mo. O  
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN HALL

(b) Address R.F.D., PARIS, MO.

17. (a) BURIAL (b) Date thereof 2-6-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed or Slaby

(b) Address PARIS, MO.

19. (a) 2-6-47 (b) Local Health Officer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #1, PARIS, MO O  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 4  
year 1947 hour Midnight minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from 3 Feb 1947 to 4 Feb 1947  
that I last saw her alive on 4 Feb 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Adeno. Carcinoma  
of the large intestine

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations 466  
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?

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. H. Slaby (M. D. over) \_\_\_\_\_  
Address MOBERLY, MO. Date signed 5 Feb 47

RECEIVED  
District Health Officer No. 10  
District File Number 2-47-306  
DEC 10 1947  
FEB 10 1947

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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... *A. B. Blaney* .....  
Licensed Embalmer No. *2614* .....  
P. O. Address... *Paris, Missouri* .....

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.