S. No. 2
M—5-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2576

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 579

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution (4) Days (Specify whether
In this community (4) Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County 999

(c) City or town Netelton. 22
(If outside city or town limits, write "RURAL")

(d) Street No. Rurial NR-0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country U.S.A.

3. (a) PRINT FULL NAME Bennie. Hall

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Col.

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

6. (b) Name of husband or wife Daisy. Hall.

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April (Month) 15 th (Day) 1882 (Year)

8. AGE: Years 64 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Self Imployed

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

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

16. (a) Informant Rev A.C. Hall
(b) Address 3030. Cass. Avenue.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/ 18/ 47 (Month) (Day) (Year)
(c) Place: burial or cremation Netelton. Miss.

18. (a) Signature of funeral director Estella S. White
(b) Address 2700 Thomas St.

19. (a) JAN 18 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th year 1947 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 6 Jan 7, 1947 to , 19 ; that I last saw him alive on Jan 7, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion

Due to Carcinoma of Pancreas

Due to

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

Major findings:
Of operations

Of autopsy Confirmed

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)

(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 0

23. Signature W B Christian (M. D. or other)

Address 11 N. Jefferson Date signed 1-18/47

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 35220

P. O. Address 3506 Franklin

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.