

FILED FEB 5 1947

Registration District No. 3741

Primary Registration District No. 4550

Registrar's No. 6

1. PLACE OF DEATH:

(a) County North  
(b) City or town Shelbourn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North  
(c) City or town Shelbourn  
(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 Frank Banner Hall

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

4. Sex MO 5. Color or race W. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Maudie Lurbia Hall 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Dec 15 1883  
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 3 If less than one day hr. min.

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

10. Usual occupation farmer & sawmill

11. Industry or business

MOTHER FATHER { 12. Name John Miller Hall  
13. Birthplace unknown Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Lahn  
15. Birthplace Wicks Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Maudie Hall

(b) Address Shelbourn, Mo.

17. (a) burial (b) Date thereof 1-21-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helling Cemetery

18. (a) Signature of funeral director W. C. Duffell  
(b) Address Franklin City, Mo.  
19. (a) 1 24 47 (b) L. E. Duverson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 18  
year 1947 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Jan 18 1947 to Jan 18 1947  
that I last saw him alive on Jan 18 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 2 yrs.

Due to Influenza

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94B

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? 2

While at work? \_\_\_\_\_ (Specify type of place) Means of injury 2

23. Signature Dr. A. T. ... (M.D. or other) DO  
Address Marionville, Mo. Date signed 1-20-47

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

13  
0  
0

**DISTRICT HEALTH OFFICE**  
Cameron, Mo.

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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..... *Arch C. Dumble* .....

Licensed Embalmer No..... *3252* .....

P. O. Address..... *Grant city, 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.**