

FILED MAR 12 1947

Registration District No. 150

Primary Registration District No. 4240

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Blue Springs  
(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 6.6 yrs years, months or days)

3. (a) PRINT FULL NAME

George R. 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, Widow  
6. (b) Name of husband or wife Virginia 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Nov - 6 - 1880  
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Blue Springs MO  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Retired Farmer

MOTHER FATHER

12. Name James Hall

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

14. Maiden name Jane Gore

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

16. (a) Informant Mrs May Lawson

(b) Address Blue Springs MO

17. (a) Burial (b) Date thereof 2-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Staley County Blue Springs MO

18. (a) Signature of funeral director Mrs G. W. Webb, Sr.

(b) Address Blue Springs MO

19. (a) FEB 27, 1947 (b) Robert C. Emshaw  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson  
(c) City or town Blue Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (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 25  
year 1947 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from 1-10-45 to 2-25-1947

that I last saw him alive on 2-25-1947  
and that death occurred on the date and hour stated above.

Immediate cause of death ERYSIPELAS Duration 2 days

Due to INFECTED LACERATION OF RIGHT TEMPLE FROM FALL.

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

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

Major findings: Of operations 166A

Of autopsy 16  
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 151

(b) Date of occurrence 2-22-47 10

(c) Where did injury occur? BLUE SPRINGS JACKSON MO.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
HOME  
While at work? NO (Specify type of place) (e) Means of injury FALL

23. Signature J. E. Avery (M. D. or other) DO  
Address BLUE SPRINGS, MO. Date signed 2-26-47

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

10-1-59

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH

**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 R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs

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.