S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12843

Registration District No. 73 — Primary Registration District No. 3014 — Registrar's No. 31

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At His Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether) All his Life
In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Liberty 2 (If outside city or town limits, write "RURAL")
(d) Street No. 115 N. Franklin (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rice Emmett (Dick) Hall

3. (b) If veteran, name war none — 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Catherine Benson Hall — 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb (Month) 12 (Day) 1875 (Year)

8. AGE: Years 72 — Months 1 — Days 23 — If less than one day ___ hr. ___ min.

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

10. Usual occupation Carpenter & Contractor

11. Industry or business

FATHER
12. Name John Will Hall
13. Birthplace Liberty (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Burdette
15. Birthplace W Va. (City, town, or county) (State or foreign country)

16. (a) Informant Sarah H. King
(b) Address Liberty Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 7 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Liberty Mo

18. (a) Signature of funeral director Church Archer Co
(b) Address Liberty Mo

19. (a) April 7 1947 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr, day 5 year 1947 hour 3:00 minute a. M.

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

Immediate cause of death Coronary Thrombosis — Duration

Due to Coroner Case

Due to Coroner Case

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coroner Case

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) Coronary Thrombosis
(b) Date of occurrence 4-5-1947
(c) Where did injury occur? Liberty (City or town) Clay (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury 3

23. Signature R. W. Trotter Coroner (M. D. or other)
Address Yeolson Springs Mo Date signed 4-5-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
strict Health Officer No. 8,
istrict File Number
Date Filed 4-25-47

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 John P. Lombardo, Registered Apprentice No. 400 working under my personal supervision.

Signed Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.