

S. No. 2  
A-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13814

State File No. \_\_\_\_\_

FILED APR 25 1947  
737

Registration District No. \_\_\_\_\_

Primary Registration District No. 3028

Registrar's No. 857

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McCune-Brooks Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)  
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Carthage 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1226 Valley St. 3  
(If rural, give location)  
(e) Citizen of foreign country? no 0 (Yes or No)  
If yes, name country: -----

3. (a) PRINT FULL NAME CECIL C. HALL

3. (b) If veteran, name war none  
3. (c) Social Security No. 490-10-1904

4. Sex male 0 5. Color or race white  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ellawee H. Hall  
6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased June 10 1910  
(Month) (Day) (Year)

8. AGE: Years 40 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Webb City Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation employee

11. Industry or business Leggett & Platt Co.

12. Name Gaddes Hall

13. Birthplace unknown Kansas 1  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Nealy

15. Birthplace unknown Kentucky 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellawee H. Hall

(b) Address 1226 Valley, Carthage, Mo.

17. (a) burial (b) Date thereof Apr 12, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary  
(b) Address Carthage, Missouri.

19. (a) 4-10-47 (b) P. B. Clinton, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
year 1947 hour 3 minute 00 p.m.  
21. I hereby certify that I attended the deceased from 4-8-47  
to 4-9-47 1947.  
that I last saw him alive on 9 April 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebratory Collapse 6 hrs.  
Due to Peritonitis, General 2 days  
Due to Appendicitis, Ruptured 4 days  
Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:  
Of operations: Generalized Peritonitis  
Of autopsy: Ruptured Sigmoid Appendix  
Underlying conditions to which death should be charged statistically.

PHYSICIAN

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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) M.D.  
Address: 304 West Carthage, Mo. Date signed 4/10/47

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

47-3-284

JUL 14 1953

OCT 9 1953

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 *Frank W. Kneel Jr*  
Licensed Embalmer No. *4440*  
P. O. Address *Carthage*

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.