

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19961

State File No.

Registration District No. 374

Primary Registration District No. 4148

Registrar's No. 37

1. PLACE OF DEATH:

(a) County North
(b) City or town North
(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 years, months or days)

3. (a) PRINT FULL NAME Lillian Ann Hall

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charlie Hall 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased May 18 - 1892
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Jettie B. Norman
13. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Susan Banks
15. Birthplace North County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Vernon Hall
(b) Address North Mo.

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

(c) Place: burial or cremation Grant City Cemetery

18. (a) Signature of funeral director John Anderson
(b) Address Grant City Missouri

19. (a) May 6 - 1947 (b) Leta E. Dawson
(Date received local registrar) (Registrar's signature) 2115

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North 11.3
(c) City or town North Missouri
(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 April day 29
year 1947 hour 2 minute 30 P. 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 Compensatory myocardial infarction
Due to 3 min
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1819

Of autopsy 1819
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 113

(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) (c) Means of injury 3

23. Signature Arch C. Dunfee (Dr. P. or other) Gov.

Address Grant City, Mo. Date signed 5-3-47

346182 NUN

DISTRICT HEALTH OFFICE
Canton, Mo.

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 Andrews Jr......, Registered Apprentice No.....
working under my personal supervision.

Signed *John Andrews Jr.*
Licensed Embalmer No. *42111*

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.