S. No. 2
1—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20040

Registration District No. 18 Primary Registration District No. 3002 Registrar's No. 98

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain 4
(c) City or town Mexico Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. #1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Virginia Ellen Hall
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Chas. Hall
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June 19, 1886 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	11	25	hr. min.

9. Birthplace Audrain County, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Levi Jones
13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Sumner
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Chas. Lee Smith
(b) Address Mexico, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Laddonia, Mo.
18. (a) Signature of funeral director [signature]
(b) Address Mexico, Mo.
19. (a) 6/15/47 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1947 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from about April 10, 1947 to June 13, 1947
that I last saw her alive on June 13, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of the liver	2 yrs?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

124 B

Major findings:
Of operations Cirrhosis with hob nail liver
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. or other)
Address 119 E Jackson St Mexico, Mo Date signed 6-14-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-47-262
Date Filed JUN 24 1947

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 George Wood, Registered Apprentice No. 507, working under my personal supervision.

Signed Chas Arnold Jr

Licensed Embalmer No. 3569

P. O. Address Mexico, 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.