

B. No. 2
-12-45
5-17-39
PI X47070

FILED JUL 10 1947

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 97

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town WEBB CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jane Chism Hosp. 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Massachusetts (b) County Jasper

(c) City or town Caterville
(If outside city or town limits, write "RURAL")

(d) Street No. 12 E. Nelson
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Richard Bacon Hall

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Peter Hall

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 16 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>2</u>	<u>5</u>	hr. min.

9. Birthplace No. Data 9
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocer

11. Industry or business _____

MOTHER FATHER

12. Name James Hall 9

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Edmona Maddox

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Peter Hall

(b) Address Caterville, Mo.

17. (a) Burial (b) Date thereof June 23 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caterville, Mo.

18. (a) Signature of funeral director W. H. C. ...

(b) Address W. H. C. ...

19. (a) JUNE 23 1947 (b) W. H. C. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1947 hour 8:45 minute 0 M.

21. I hereby certify that I attended the deceased from 6-17 1947 to 6-21 1947
that I last saw him alive on 6-21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 930

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 2

23. Signature W. H. C. ... (M. D. or other) Dr

Address W. H. C. ... Date signed 6/21/47

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

476-560

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..... *B. A. Legan*

Licensed Embalmer No. *3979*

P. O. Address..... *Well 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.