

FILED AUG 9 1947

Registration District No. **1243**

Primary Registration District No. **4195**

Registrar's No. **75**

1. PLACE OF DEATH:

(a) County Kentucky Co.
(b) City or town Hunter MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home in Kentucky
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution:
Two months (Specify whether
In this community Two months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Kentucky
(c) City or town Kentucky
(If outside city or town limits, write "RURAL")
(d) Street No. South part of Kentucky
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Charles Edward Hall

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Maud M Hall

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug 4 1888
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 4
If less than one day hr. min.

9. Birthplace Madison Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John W Hall

13. Birthplace Madison County MO
(City, town, or county) (State or foreign country)

14. Maiden name Callie Bell Swisher

15. Birthplace Madison County MO
(City, town, or county) (State or foreign country)

16. (a) Informant Maud M Hall

(b) Address Kentucky MO

17. (a) Burial (b) Date thereof July 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Darlington Cemetery

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

(b) Address Box 14 apt 10 MO

Aug 1 - 1947 (Date received local report) James H. DeBiter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1947 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from June 1 1947 to July 8 1947
that I last saw him alive on July 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 1 day

Due to Hypertension

Due to _____

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

Major findings: Of operations _____
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? No

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Charles J. Williamson (M. D. or other) MD

Address Kentucky MO Date signed 7-17-47

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, 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 me

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

Signed W H Noble

Licensed Embalmer No 2904

P. O. Address New Hampton 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.