

1-147
5-17-39

FILED JUL 23 1947
Registration District No. **7**

Primary Registration District No. **5588**

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

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Rural, Jasper Twp**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **24 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo**

(b) County **Jasper**

(c) City or town **Rural, Jasper Twp**
(If outside city or town limits, write "RURAL")

(d) Street No. **0**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Geo. B. Hall**

3. (b) If veteran name war **yes no**

3. (c) Social Security No. **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8th**
year **1947** hour **15** minute **25 P.** M.

21. I hereby certify that I attended the deceased from **8-2-** 19**47** to **7-8-** 19**47**
that I last saw him alive on **7-8-** 19**47**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **wh**

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

6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **Sept 30 - 1896**
(Month) (Day) (Year)

Immediate cause of death **Pulmonary T.B.**

Due to **10 years**

8. AGE: Years **50** Months **7** Days **8** If less than one day **hr. min.**

9. Birthplace **Arden Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Oil Business**

11. Industry or business **Farmer**

12. Name **Wm A. Hall**

13. Birthplace **Maury Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha L. Hall**

15. Birthplace **Arden Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Anna Hall**

(b) Address **Jasper Mo**

17. (a) **Burial** (b) Date thereof **7-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jasper, Mo**

18. (a) Signature of funeral director **Jasper, Mo**

(b) Address **Jasper Mo**

19. (a) **7-10-47** (b) **L.B. Clinton, Md**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: **no**

Of operations **no**

Of autopsy **no**

PHYSICIAN Underline the cause of 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 **J.B. Hall** (M. D. or other)

Address **Jasper Mo** Date signed **7-9-47**

47-7-591

OCT 26 1948

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 Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcopie, 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.