

Registration District No. **82**

Primary Registration District No. **3017**

1. PLACE OF DEATH:

(a) County **Cover**  
(b) City or town **Boonville**  
(c) Name of hospital or institution:  
**Riversway Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: **2 weeks**  
In this community **few weeks**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Randolph**  
(c) City or town **Boonville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **224 Allen St**  
(If rural, give location)  
(e) Citizen of foreign country? **-** (Yes or No)  
If yes, name country **-**

3. (a) PRINT FULL NAME **William Hall**

3. (b) If veteran, name war **no**  
3. (c) Social Security No. **490-18-7164**

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
(b) Name of husband or wife **Reuel E. Hall**  
6. (c) Age of husband or wife if alive **55** years  
7. Birth date of deceased **9-4-1873**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **1** Days **16**  
If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **Boonville Public work**

MOTHER FATHER

12. Name **Fred A. Bazely Hall**  
13. Birthplace **Ky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Susanne Zolt**  
15. Birthplace **Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Reuel E. Hall**

(b) Address **224 Allen St, Boonville, Mo**

17. (a) **burial** (b) Date thereof **10-21-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **woodland cemetery**

18. (a) Signature of funeral director **Fred A. Thompson**

(b) Address **Madison Mo**

19. (a) **10-24-47** (b) **W. Hooper**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **20**  
year **1947** hour **1:30 a** minute **-** M.  
21. I hereby certify that I attended the deceased from **Oct 16**  
19 **47** to **Oct 20** 19 **47**  
that I last saw him alive on **Oct 19** 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**  
Due to **chronic nephritis**  
**abrupt**  
Due to **prostatic hypertrophy**

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations **none**  
Of autopsy **none**

Duration  
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) **-**  
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 **0**

23. Signature **Miss Ravensong**  
Address **Boonville Mo**

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

7  
1  
2

District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 10-30-47

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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 Fred A. Thompson  
Licensed Embalmer No. 1420  
P. O. Address Madison 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.