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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 5 1947

Registration District No. 138

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5522

34298

State File No. _____

Registrar's No. 37

1. PLACE OF DEATH:
(a) County Hickory
(b) City or town Cross Timbers, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 Missouri (b) County Hickory #3
(c) City or town: Cross Timbers
(If outside city or town limits, write "RURAL")
(d) Street No. Highway (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Sigel Hall
3. (b) If veteran, name war No
3. (c) Social Security No. none

20. DATE OF DEATH: Month October day 27
year 1947 hour 2 minute _____ M.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida Hall
6. (c) Age of husband or wife if alive 69 years

21. I hereby certify that I attended the deceased from Aug 22
_____, 1947, to Oct, 1947;
that I last saw him alive on Oct 27, 1947;
and that death occurred on the date and hour stated above.

7. Birth date of deceased July 23, 1864
(Month) (Day) (Year)
8. AGE: Years 83 Months 3 Days 4
If less than one day _____ hr. _____ min.

Immediate cause of death Broken hip and senility
Duration _____
Due to _____
Due to _____

9. Birthplace Cross Timbers, Missouri
(City, town, or county) (State or foreign country)

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? _____

10. Usual occupation Farm

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations: _____
Of autopsy: _____

11. Industry or business _____
12. Name Wesley Hall
13. Birthplace Unknown, Tenn.
(City, town, or county) (State or foreign country)

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name Eriline Greathouse
(City, town, or county) (State or foreign country)
15. Birthplace unknown, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Hall
(b) Address Cross Timbers

17. (a) burial (b) Date thereof Oct 29, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation McCain Cemetery

18. (a) Signature of funeral director John Z. Reser
(b) Address Warsaw, Mo.

19. (a) Oct 3-1947 (b) W. P. Hargiss
(Date received local registrar) (Registrar's signature)

23. Signature Will Hurt (M. D. or other) MD
Address Warsaw Mo Date signed 10/29/47

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

RECEIVED
District Health Officer No. 7
19-47-1372
Date Filed 11-14-47

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.....

working under my personal supervision.

John F. Reser, Registered Apprentice No. 13

Signed *John F. Reser*

Licensed Embalmer No. 4098

P. O. Address *Warsaw*

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.

Registration District No. 138 Primary Registration District No. 5522

1. PLACE OF DEATH
(a) County Hickory
(b) City or town Cross Timbers
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Thomas S. 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 _____
6. (c) Age of husband or wife if alive _____

7. Birth date of deceased July 23 1906
(Month) (Day) (Year)
8. AGE: Years 83 Months _____ Days _____
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER {
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept Day 3 Year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
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) Accident
(b) Date of occurrence Sept 3d 1947
(c) Where did injury occur? fall in yard at home
(City) (Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home just out of house
While at work _____ (Specify type of place)
(e) Means of injury fall
23. Signature Hellert (M. D. or other)
Address Warsaw Mo Date signed _____

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

SUPPLEMENTARY

-C-34298