

S. No. 2
M-8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35238**

FILED NOV 10 1947

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **323**

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

1. PLACE OF DEATH: **Pettis**

(a) County **Pettis**

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

(c) Name of hospital or institution: **601 East Boonville St.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **43 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frank Dudley Hall**

3. (b) If veteran, name war **none**

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 **Mattie Belle Dickerson Hall deceased**

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

7. Birth date of deceased **April 6, 1871**
(Month) (Day) (Year)

8. AGE: Years **76** Months **5** Days **22** If less than one day
hr. min.

9. Birthplace **Bentonsport, Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **Building**

MOTHER FATHER } 12. Name **Charles A. Hall**

13. Birthplace **unknown, New York**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY Jane Hardy**

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

16. (a) Informant **Ralph Hall (son)**

(b) Address **Route 5, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **9/30/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Edward Ewing**

(b) Address **Sedalia, Mo.**

19. (a) **9/30/47** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **Pettis Missouri**

(a) State **Missouri** (b) County **Pettis**

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

(d) Street No. **601 East Boonville St.**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **28**
year **1947** hour **6:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **September 7, 1947** to **September 28, 1947**; that I last saw him alive on **September 28, 1947**; and that death occurred on the date and hour stated above.

Immediate cause of death **Hemolytic bacteremia, following pyogenic infection with abscess left leg below knee, Acute.** Duration

Due to **Infection of leg following dermatitis of skin.**

Due to _____

Other conditions **Intestinal hemorrhage, Acute.**
(include pregnancy within 3 months of death)

Major findings: **No operation.** PHYSICIAN

Of operations _____

Of autopsy **None held.** Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) **injury.** (b) **Natural death, No**
(c) **injury.** (d) **injury.**

(a) **injury.** (b) **injury.** (c) **injury.** (d) **injury.**

(a) **injury.** (b) **injury.** (c) **injury.** (d) **injury.**

23. Signature **Ed Ewing** Address **112 West 4th St. Sedalia, Mo.** Date signed **9-29-47**

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Dr. Traders

District Health Officer No. 8,

District File Number _____

Date Filed 11-6-47

Poster Montgomery
Blg.

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 *Duane Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Sidalia 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.