

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 4 1947
Registration District No. 82

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37518
Registrar's No. 179

Primary Registration District No. 3017

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

1. PLACE OF DEATH:
(a) County **Cooper**
(b) City or town **Boonville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Week** (Specify whether
In this community **9 Months**
years, months or days)

3. (a) PRINT FULL NAME **Porter L. Hall**
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Lorene Hall**
6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **February 3 1895**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 9 20 hr. min.

9. Birthplace **Cooper County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Credit Manager, Dept. Store**

12. Name **Albert Hall**

13. Birthplace **Cooper County, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Nora Kirkpatrick**

15. Birthplace **Cooper County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lorene Hall**
(b) Address **Blackwater, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 26 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pilot Grove, Mo.**

18. (a) Signature of funeral director **Goodman & Boller**
(b) Address **Boonville, Mo.**

19. (a) **11-26-47** (b) **[Signature]**
(Date received local registrar) (Lic. Seal's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **23**
year **1947** hour **9** minute **35 a. M.**

21. I hereby certify that I attended the deceased from **11-21-47**, 19____, to **11-23-47**, 19____
that I last saw him alive on **11-23-47**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial infarction**
Due to **arteriosclerotic heart disease**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy **myocardial infarction; Pulmonary edema**

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 _____

23. Signature **B. M. Stuart** (M. D. or other) **M.D.**
Address **325 main st** Date signed **11-24-47**

Duration **98 hours**
3 months
PHYSICIAN _____
Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-3-47

DEC 9 1947

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 _____

William Wood Registered Apprentice No. 480

working under my personal supervision.

Signed G. F. Keller

Licensed Embalmer No. 3064

P. O. Address Boonville, 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.