

No. 2
-12-45
-17-39
X 47070

FILED JAN 12 1948

Registration District No. 78

Primary Registration District No. 5367

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Davies

(b) City or town Monroe Two Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution XXX (Specify whether)

In this community 74 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Davies 31

(c) City or town Monroe Two Rural 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Ann Hall

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female 5. Color or white

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

6. (b) Name of husband or wife Elza Hall

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

7. Birth date of deceased Jan 6th, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day	
	<u>74</u>	<u>10</u>	<u>13</u>	<u>XX</u> hr.	<u>XX</u> min.

9. Birthplace Davies Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

MOTHER FATHER

11. Industry or business _____

12. Name Ebon Weldon

13. Birthplace Davies Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Langford

15. Birthplace Davies Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Braden Hall

(b) Address Locksprings Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cem. Breckenridge, Mo.

18. (a) Signature of funeral director Bram Funeral Home

(b) Address Hamilton, Mo.

19. (a) Dec 2, 1947 (Date received local registrar)

(b) Wigwam M. Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th
year 1947 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 15
1947 to Nov 19 1947
that I last saw her alive on Nov 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Cardiovascular renal disease

Duration _____

Due to _____

Due to arterial sclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations MP

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) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature: Hub Bailey (M.D. or other) 2

Address Gallatin Mo. Date signed 12-1-47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

R. Lester Bram, Registered Apprentice No. 456

working under my personal supervision.

Signed

R. Lester Bram

Licensed Embalmer No. 3052

P. O. Address Hamilton, 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.