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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42461

Registration District No. FILED JAN 15 1948 Primary Registration District No. 4260 5-8-29 Reeder Registrar's No. 50

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Portageville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid 72
(c) City or town Jaywye, Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0.
If yes, name country

3. (a) PRINT FULL NAME Felix Reeder Hall
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male C
5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCT. 15, 1947 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	2	15	hr. min.

9. Birthplace Jaywye, Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Carl J. Hall 0
13. Birthplace Oregon Co. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Majorie Sherrod
15. Birthplace Portageville, Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Carl J. Hall
(b) Address Jaywye Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville, cemetery
18. (a) Signature of funeral director DeLisle Fun. Parlor
(b) Address Portageville, Mo
19. (a) 12-30-47 (Date received local registrar) (b) Ellen DeLisle (Registrar's signature) 219

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1947 hour 9:Am. minute M.
21. I hereby certify that I attended the deceased from Dec., 30th 1947 only 19 ;
that I last saw him ~~xxxxxx~~ After it died only 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Obscure cause or causes undetermined. History vague and inadequate,	
Due to When born, historn seemed to indicate	
Due to prematurnity	
Other conditions (include pregnancy within 3 months of death) None	

Major findings:
Of operations
Of autopsy
159

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature A. A. Reeder (M. D. or other)
Address Portageville, Mo. Date signed 12/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 748-44
Date Filed 1-8-48

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.