No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44182

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 63

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Eldorado Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Martha Chamber's Nussing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Eldorado Springs, Missouri 1
(If outside city or town limits, write "RURAL")

(d) Street No. 121 Hightower 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country - -

3. (a) PRINT FULL NAME ELLA MAE HALL

3. (b) If veteran, name war - -

3. (c) Social Security No. - -

4. Sex female /

5. Color or race white

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

6. (b) Name of husband or wife XX
L. M. Hall

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased June (Month) 3 (Day) 1865 (Year)

8. AGE: Years 82 Months 6 Days 9 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Indiana / (State or foreign country)

10. Usual occupation house wife

11. Industry or business - -

FATHER
12. Name (unknown) Robinson
13. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)

MOTHER
14. Maiden name unknown unknown
15. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant L. M. Hall
(b) Address 121 Hightower, ElDorado Spgs., Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 14, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Clintonville Cemetery

18. (a) Signature of funeral director
(b) Address ElDorado Springs, Missouri

19. (a) 12-20-47 (Date received local registrar) (b) J B Brannan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1947 hour 8:00 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov. 11, 1947, to Dec. 11, 1947, that I last saw her alive on Dec. 11, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro Sclerosis — Duration

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)
(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 J. W. Dawson (M. D. or other)
Address Eldorado Spgs. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 14-47-204
Date Filed 1-14-48

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 James E. Bachleman, Registered Apprentice No. 44, working under my personal supervision.

Signed Floyd E. Carothers

Licensed Embalmer No. 4419

P. O. Address El Dorado Springs

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.