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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 844

Registration District No. 320 — Primary Registration District No. 5469 — Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural Center Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: U.S. Highway # 66 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community Enroute years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County 771
(c) City or town Oklahoma City (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 2
If yes, name country .....

3. (a) PRINT FULL NAME Menford Felton Hall
3. (b) If veteran, name war World War # 2
3. (c) Social Security No. .....
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Feb. (Month) 28 (Day) 1907 (Year)

8. AGE: Years 40 Months 10 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Ft. Cobb (City, town, or county) Oklahoma (State or foreign country) 1
10. Usual occupation Truck Driver
11. Industry or business Voss Truck Lines.
FATHER
12. Name Jess B. Hall
13. Birthplace Carthage (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Ann McCamy
15. Birthplace Comanche (City, town, or county) Texas (State or foreign country) 1
16. (a) Informant Clem Reed
(b) Address Oklahoma City, Okla
17. (a) Remvial (Burial, cremation, or removal) (b) Date thereof 1/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ft. Cobb, Okla
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 1-22-48 (Date received local registrar) (b) Jewell Williams (Registrar's signature) 1107

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1948 hour 6 minute P M.
21. I hereby certify that I attended the deceased from no physician in attendance, 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Burns — Duration Immediate
Due to fire, when truck he was driving collided with bridge
Due to & caught fire
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) Accident 59
(b) Date of occurrence Jan. 16, 1948
(c) Where did injury occur? Greene (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? U S Highway 66 (Specify type of place)
While at work? Yes (e) Means of injury Fire 3
23. Signature Jimmy C. Stone Coroner (M. D. or other)
Address Springfield, Mo Date signed 1-17-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 48-2-16
Date Filed 2-6-48

MAR 17 1948

APR 30 1948

MAR 15 1948

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 Roy H. Mercer, Jr.

This body not embalmed

Licensed Embalmer No. 4432

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.