

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 4 1948

Registration District No. 9Primary Registration District No. 3043Registrar's No. 30

1. PLACE OF DEATH: Marion
 (a) County Marion
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1910 Settle St 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 _____

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

4. Sex Male 5. Color or race Negro 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 8 16 1899
 (Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Rolls Co. Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____
 12. Name Elmer Hall
 13. Birthplace Rolls Co Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Armelia Hall
 15. Birthplace Rolls Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Elmyra Ellis
 (b) Address 2004 Garden

17. (a) Burial (b) Date thereof 1-10-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Baptist Bern
Gub E Roberts
 (b) Address Hannibal Mo

19. (a) 1-22-48 (b) Dr E. M. Swake
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Marion
 (c) City or town Hannibal Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1910 Settle St
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8
 year 48 hour 4 minute 30 PM
 21. I hereby certify that I attended the deceased from Jan 5 1948
 that I last saw him alive on Jan 8 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arterio Sclerosis
 Due to _____
 Due to _____

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

Major findings: _____
 Of operations 92A
 Of autopsy _____
 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 _____
 23. Signature HOEM Meeker (M. D. or other) _____
 Address Hannibal Mo Date signed 1/27/48

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

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 Geo E Roberts

Licensed Embalmer No. 243

P. O. Address Hannibal 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.