

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

7892
State File No. _____
Registrar's No. 346

FILED MAR 29 1948

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2715 Locust Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not
In this community 2 weeks
years, months or days

3. (a) PRINT FULL NAME Lou Ana Hall
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Hall
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: December 23 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 26
If less than one day hr. _____ min. _____

9. Birthplace: Knightstown Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER
12. Name Andrew D. Rose
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Millicent Laura
15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Kelly
(b) Address 2715 Locust St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 22, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Prairie Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 3-22-48 (b) La b Jenkins
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1948 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 28
1948 to March 19, 1948
that I last saw her alive on March 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Aortic Regurgitation and Tricuspid Regurgitation
Duration 10 Yrs

Due to _____
Due to _____

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

Major findings: _____
Of operations: 92 F
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 _____

23. Signature H. R. Baidenstein (M.D. or other) SO.
Address St. Joseph, Mo. Date signed 3/20/48

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..... *Albert C. Harrington*
Licensed Embalmer No. *3258* Missouri.....
P. O. Address..... *St. Joseph, 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.