S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 14 1948

Registration District No. 489

Primary Registration District No. 3043

State File No. 9395

Registrar's No. 122

1. PLACE OF DEATH:

(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: Levering 0
(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 Missouri (b) County Marion 64

(c) City or town Hannibal 2
(If outside city or town limits, write "RURAL")

(d) Street No. Harrison Hill 4
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jennie Holliday Hall

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 4

6. (b) Name of husband or wife Joseph T. Hall

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

7. Birth date of deceased March 25, ~~1948~~ 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85		5	hr. min.

9. Birthplace Alton Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

FATHER

12. Name Charles Holliday

13. Birthplace No record 4
(City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Laura Jane Hazard

15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. F. E. Sultzman

(b) Address Harrison Hill, Hannibal Mo.

17. (a) Burial (b) Date thereof 4/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director [signature]

(b) Address 902 Broadway Hannibal Missouri

19. (a) 4-2-48 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature) 49

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1948 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1923, 19 to Mch 30th, 1948
that I last saw her alive on Mch 30th, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Insufficiency	10 yrs
Due to Aggravated by Acute Respiratory	3 Days
Due to	
Other conditions General Debility (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations
Of autopsy

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

23. Signature F. E. Sultzman (M. D. or other) M.D.

Address Hannibal Missouri Date signed 4/1/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

ORD

WHITE PLAI

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 John L. Ward, Registered Apprentice No. 35, working under my personal supervision.

Signed W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.