S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11162

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 57

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 170 West Vest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community All His Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Marshall (If outside city or town limits, write "RURAL")
(d) Street No. 170 West Vest (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Zacharias Taylor Hall
3. (b) If veteran, name war #
3. (c) Social Security No. #
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ann Tolliver Hall
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased January 7 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	2	0	hr. min.

9. Birthplace Shackelford, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired Farmer
FATHER 12. Name Thomas Hall
13. Birthplace Knoxville (City, town, or county) Tennessee (State or foreign country)
MOTHER 14. Maiden name Jane Hall
15. Birthplace Knoxville (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Mrs. Lena Rasa
(b) Address Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Marshall Mo.
19. (a) Mar 9-1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 48 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from May 16 1947 to Mar 6 1948 and that I last saw him alive on Dec 10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	8yr
Due to Fracture Hip	2yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 99
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) No
(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 (c) Means of injury
23. Signature [illegible] (M. D. or Coroner)
Address Marshall Date signed 3/8/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-18-48

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 Marvin V. Newton, Registered Apprentice No. 51, working under my personal supervision.

Signed J. Leslie Sussney
Licensed Embalmer No. 3235
P. O. Address Marshall, 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.