

S. No. 2
4-1/47
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

16000

State File No.

2000

Primary Registration District No.

Registrar's No.

426

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 733 West 6 th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 64 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 733 West 6 th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lizzie Ellen Denney Hall

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F M 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife Alexander Jackson Hall Deceased 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased June 12 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Pulaski County Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Benjamin Franklin Van Hook

13. Birthplace Pulaski Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Samantha Runnels

15. Birthplace Pulaski Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant William M. Denney

(b) Address Dallas, Tex.

17. (a) Burial (b) Date thereof 5-24, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Danforth Cemetery

18. (a) Signature of funeral director W. L. Dunn

(b) Address Springfield, Mo.

19. (a) 5-24-48 (b) W. L. Handley
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmers' Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 st. year 1948 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from 5/20, 1948 to 5/21, 1948
that I last saw h. or alive on 5/20, 1948
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Gen. Senility

Due to Gen. Exhaustion

Due to mal-nutrition

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
(Specify type of place)

While at work? no (e) Means of injury no

23. Signature D. F. Freeman (M. D. or other) Address Springfield, Mo. Date signed 5/24/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

39
2
6

39
2
6
0

MOTHER FATHER

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.....

R. H. McCann

Licensed Embalmer No. *2727*

P. O. Address.....

Springfield 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.