I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 18400

FILED JUN 4 1948

Registration District No. 1931

Primary Registration District No. ~~4487~~ 4484

Registrar's No. 19

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Commerce
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ---------
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ---------
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott 160
(c) City or town Commerce 0
(If outside city or town limits, write "RURAL")
(d) Street No. ---------- 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hosea Hall
3. (b) If veteran, name war ---------
3. (c) Social Security No. ---------
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife ---------
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased January 14, 1878 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	4	3	hr. min.

9. Birthplace Commerce, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ---------

FATHER
12. Name Andy Hall 0
13. Birthplace Commerce, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie Scott 0
15. Birthplace Commerce, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Allen
(b) Address Commerce, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Commerce, Missouri
18. (a) Signature of funeral director F. J. Sparke
(b) Address Cape Girardeau, Missouri
19. (a) May-27-48 (Date received local registrar) (b) Mrs Addie Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1948 hour 7:40 minute P. M.

21. I hereby certify that I attended the deceased from May 1, 1948, to May 10, 1948
that I last saw him alive on May 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
932

Duration

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 S. T. Dorris (M. D. or other) M. D.
Address Illinois Mo. Date signed 5-22-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 648-689
Date 6-1-48

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.