No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19743

FILED JUN 17 1948

Registration District No. 6

Primary Registration District No. 3026

Registrar's No. 164

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence, 808 S. Park
(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: 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No.: 808 S. Park 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: MR. WILLIAM L. HALL

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Mrs. Rosa Lee Hall

6. (c) Age of husband or wife if alive: 87 years

7. Birth date of deceased: March 25, 1859
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
89	2	1	..... hr. ..... min.

9. Birthplace: Floyd County, Va.
(City, town, or county) (State or foreign country)

10. Usual occupation: Redited Editor

11. Industry or business:

FATHER
12. Name: John Curtis Hall
13. Birthplace: Floyd County, Va.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Olive Harris
15. Birthplace: Floyd County, Va.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Rosa Lee Hall
(b) Address: 808 S. Park, Independence, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Springs, Mo.

18. (a) Signature of funeral director: George C. Carson
(b) Address: Independence, Mo.

19. (a) 5-29-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1948 hour 5:20 minute A M.

21. I hereby certify that I attended the deceased from March 1, 1948 to May 26, 1948 that I last saw him alive on May 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: senility	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 163	
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: 0

23. Signature: J. W. Greene (M. D. ~~or other~~)
Address: Independence Date signed: 5/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Independence, 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.