

FILED SEP 8 1948

State File No. \_\_\_\_\_

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Butler  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Memorial Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

8. (a) PRENT FULL NAME Belle Hall

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amos Hall 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Sept 20, 1872  
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 3 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Moundville Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John M. Hill  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unk. Bond  
15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Beth Hall  
(b) Address Amsterdam Mo.

17. (a) Removal (b) Date thereof 8-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leading Post, Kansas

18. (a) Signature of funeral director Archer & Mangold

(b) Address Amsterdam, Mo.

19. (a) 8-28-1948 (b) Russell Perry  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates  
(c) City or town Amsterdam Mo.  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24  
year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 20, 1948 to Aug 24, 1948  
that I last saw her alive on Aug 24, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral

Due to Thrombosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations g4b  
Of autopsy \_\_\_\_\_

Duration

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) \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature Charles W. Luter (M. D. or other) M.D.  
Address B. P. ... Date signed 8/27/48

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

1  
RECEIVED

District Health Officer No.

District File Number 8-48-10

Date Filed 9-8-48

SEP 1 1948

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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 L. A. Mangel

Licensed Embalmer No. 3610

P. O. Address Amsterdam Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.