

No. 2  
-1-4-41  
5-17-39  
X25390

FILED SEP 17 1948 47  
Registration District No. 3008

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County CALLAWAY

(b) City or town FULTON

(c) Name of hospital or institution: 708 GRAND 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community WIFE  
years, months or days

3. (a) PRINT FULL NAME LOYD DOCKERY HALL

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race White

6. (e) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife MILDRED HALL

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

7. Birth date of deceased Feb. 20 1901  
(Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 8

If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace CALLAWAY CO MO A  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

MOTHER FATHER { 12. Name THOMAS HALL

13. Birthplace CALLAWAY Co MO D  
(City, town, or county) (State or foreign country)

14. Maiden name ROSIE ROSE

15. Birthplace DK Ohio I  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS LOYD HALL

(b) Address 708 GRAND FULTON, MO

17. (a) BURIAL (b) Date thereof Aug 30 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RICHLAND

18. (a) Signature of funeral director Elen Y. Maupin

(b) Address 717 Camp Fulton, Mo

19. (a) Aug 30 1948 (b) Jocice M. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

(c) City or town FULTON  
(If outside city or town limits, write "RURAL")

(d) Street No. 708 GRAND  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1948 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug 28 1948 to Aug 28 1948 that I last saw him alive on Aug 28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism

Due to Raynolds Disease

Duration 8 hrs

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 83B

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ Means of injury D

Signature Jocice M. ... (M. D. or other) MD

Address Fulton Date signed 5-30-48

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed SEP 15 1948

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..... *Glen Y. Maupein*  
Licensed Embalmer No. *2725*  
P. O. Address *Fulton, 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.