

S. No. 300
 DM-10-47
 Rev. 5-17-39
 I 3908

FEDERAL SECURITY AGENCY
 National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

29378

Registration District No. 102

Primary Registration District No. 54/6

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Hunklin Co.
 (b) City or town Cardwell, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution At Residence
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 67 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Hunklin
 (c) City or town Cardwell
(If outside city or town limits, write "RURAL")
 (d) Street No. Rt. 7
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3: (a) PRINT FULL NAME John Wiley Hall
 3. (b) If veteran, name war No.
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 23rd
 year 1948 hour 4 minute 40 P.M.
 21. I hereby certify that I attended the deceased from 8-21
1948 to 8-23-1948
 that I last saw him alive on 8-22, 1948
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W
 6. (a) Single, widowed, married, divorced Mar.
 6. (b) Name of husband or wife Sallie 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased June 14 1862
(Month) (Day) (Year)

Immediate cause of death Metastasis of Cancer to Brain
Stroke
 Due to Cancer of Ascending Colon
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations H&E
 Of autopsy _____

8. AGE: Years 86 Months 04 Days 9 If less than one day _____ hr. _____ min.
 9. Birthplace Calloway Co. Ky.
(City, town, or county) (State or foreign country)
 10. Usual occupation Farming

PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business Farmer
 12. Name of father John Wiley Sr. Hall
 13. Birthplace Murray Ky.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Elizabeth Jones
 15. Birthplace Murray Ky.
(City, town, or county) (State or foreign country)
 16. (a) Informant Bert D. Hake
 (b) Address 418 Davidson, Chaffee Mo
 17. (a) Burial (b) Date thereof 8-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lulu Cem. Hunklin Co.
 18. (a) Signature of funeral director Randall L. Mitchell
 (b) Address Paragard, Ark
 19. (a) 8-26-48 (b) E. L. Harrison
(Date received local registrar) (Registrar's signature)

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 _____
 23. Signature W. E. English MD (M. D. or other) _____
 Address Cardwell, Mo Date signed 8-23-48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 948-1149

Date Filed 9-13-48

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.