. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 27 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30207

Registration District No. 164 Primary Registration District No. 601 Registrar's No. 99

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Johnson County Home 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Washington Hall

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Florence Jenkins Hall

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased November (Month) 18 (Day), 1868 (Year)

8. AGE: Years 79 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Johnson Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Section Foreman

11. Industry or business

FATHER
12. Name John Hall 0
13. Birthplace Johnson Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Ben Hall

(b) Address Knobnoster, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7, '48 (Month) (Day) (Year)

(c) Place: burial or cremation Payne Cemetery

18. (a) Signature of funeral director W. Raymond Baker

(b) Address Knob Noster, Missouri

19. (a) 9-14-48 (Date received local registrar) (b) Savannah Whitefield (Registrar's signature) 147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 1948
year hour 3 minute 00 AM

21. I hereby certify that I attended the deceased from Jan 24, 1948 to Sept 6, 1948
that I last saw him alive on Aug. 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration Several yrs

Due to Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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

13113

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Wm R. Patterson (M. D. or other) MD

Address Warrensburg Mo. Date signed 9-14-48

(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1948

OCT 14 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 W. Raymond Baker, Registered Apprentice No. 25, working under my personal supervision.

Signed C. L. Saulb

Licensed Embalmer No. 1086

P. O. Address Knob Noster 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.