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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32485

FILED OCT 28 1948

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 135

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

1. PLACE OF DEATH:

(a) County Douglas

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

(c) Name of hospital or institution:
205 Emerson Street
(If not in hospital or institution, write street number or location)

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

In this community 6.5 yrs
years, months or days

3. (a) PRINT FULL NAME James M. Hall

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 16 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 28

If less than one day hr. _____ min. _____

9. Birthplace Ruthersford Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name E. S. Hall

13. Birthplace Ruthersford Ill
(City, town, or county) (State or foreign country)

14. Maiden name Amabella Flournoy

15. Birthplace Unknown Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Jas Hall

(b) Address Kenett Mo.

17. (a) Burial (b) Date thereof 10-16-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem.

18. (a) Signature of funeral director Levy Funeral Home

(b) Address Kenett Mo.

19. (a) 10-20-48 (b) Earl H. ...
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Douglas

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

(d) Street No. 205 Emerson
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 14
year 1948 hour 7:00 minute 15 P M.

21. I hereby certify that I attended the deceased from June 46 to Oct. 14 1948.
that I last saw him alive on Oct. 14 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration 2420

Due to _____

Due to _____

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Joseph P. ... (M. D. or other) MD

Address Kenett, Mo Date signed 10/20/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 10-48-1385

Date Filed 10-25-48

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

Edgar Lee Ford

Licensed Embalmer No. 4432

P. O. Address Kennett, 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.