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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED OCT 23 1948  
Registration District No. 137

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33232  
Registrar's No. 236

Primary Registration District No. 3028

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

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
McCune-Brooks Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community 80 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1141 Lyon St.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Frank L. Hall  
3. (b) If veteran, name war -----  
3. (c) Social Security No. -----

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 21  
year 1948 hour 9:30 minute P M.  
21. I hereby certify that I attended the deceased from  
Oct 18 1948 to Oct 21 1948  
that I last saw him alive on Oct 21 1948  
and that death occurred on the date and hour stated above.

4. Sex male (D) 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Clara Cottingham Hall  
6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased September 5 1863  
(Month) (Day) (Year)  
8. AGE: Years 85 Months 1 Days 16  
If less than one day hr. min.

Immediate cause of death  
Injury, accidental, fracture of left femur, due to  
fell in home, shock. Duration 3 days  
Due to  
Other conditions Semility  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
11. Industry or business -----  
12. Name Elam Hall 9  
13. Birthplace -----  
(City, town, or county) (State or foreign country)  
14. Maiden name -----  
15. Birthplace -----  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Clara Hall  
(b) Address 1141 Lyon, Carthage, Mo.  
17. (a) burial (b) Date thereof Oct 23, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Park Cemetery  
18. (a) Signature of funeral director Knell Mortuary  
(b) Address Carthage, Mo.  
19. (a) 10-22-1948 (b) L. B. Clinton, M.D.  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Major findings:  
Of operations none  
Of autopsy none  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident 1/6  
(b) Date of occurrence Oct 18 1948  
(c) Where did injury occur? Carthage Jasper Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in home fall  
(Specify type of place)  
While at work? no (e) Means of injury fracture  
23. Signature George H. Wood (M. D. or other)  
Address Carthage Mo Date signed Oct 21 48

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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 Robert H. Knell  
Licensed Embalmer No. 4459  
P. O. Address Southgate

**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.**