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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

36170

FILED DEC 6 1948

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1052

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 18 Months
years, months or days)

3. (a) PRINT FULL NAME Benjamin E. Hall

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Della Hall 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 1 1865
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 0
If less than one day hr. _____ min. _____

9. Birthplace Murphysburg Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Retired Farmer

12. Name Harry Hall

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

14. Maiden name Matilda Sorsson

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

16. (a) Informant W Della Hall (Wife)

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 12-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENGLEWOOD CEMETERY

18. (a) Signature of funeral director J.W. Klingner & Co.

(b) Address Springfield, Missouri

19. (a) 12-2-48 (b) W. H. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2215 N. Benton Avenue 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1
year 1948 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 28 1948
to Dec 1 1948
that I last saw him alive on Dec 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart failure Duration 4 hr

Due to Rupture of blood vessel in oesophagus 3 days

Due to Arterial hypertension unknown

Other conditions Senility age 83 yrs

Major findings: Of operations none

Of autopsy none

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? _____

While at work _____ (Specify type of place)
Means of injury 0

23. Signature John H. Suley (M. D. or other) _____
Address Springfield Mo Date signed 12-2-48

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

MOTHER, FATHER

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.