. S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 2706

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37717

Primary Registration District No. 6015

Registrar's No. 48

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Salt Springs Twp Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Randolph 88
(c) City or town: Huntsville Mo Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: John Joseph 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: Mrs Johnny Joseph Hall
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Jan (Month) 4 (Day) 1878 ~~1948~~ (Year)

8. AGE: Years 70 Months 10 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace: Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Coal Miner
11. Industry or business .....

FATHER
12. Name: Thomas J. Hall
13. Birthplace: Dont Know ✓ (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ellen Holland
15. Birthplace: Dont Know ✓ (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs John Joseph Hall
(b) Address: R. F. D. Huntsville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 23 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakland Cem. Moberly
18. (a) Signature of funeral director: Joe W Burton
(b) Address: Higbee Mo
19. (a) 11-22-1948 (Date received local registrar) (b) Mrs D A Barnhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov ~~8~~ day: 20 year: 1948 hour: 3 minute: 35 P. M.

21. I hereby certify that I attended the deceased from Nov 13, 1948 to Nov 20, 1948 that I last saw him alive on Nov 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorhage	1 wk
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: 0

23. Signature: R. V. Dreyer (M. D. or other) MD
Address: Huntsville Mo Date signed: 11/22/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-48-2049
Date Filed NOV 30 [illegible]

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 E. A. Fremont

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.