

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN. 16 1949

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Lincoln</u>	
c. LENGTH OF STAY (In this place) <u>8 Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>6mi East 1 South Westboro</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital ()</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Hall</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 3 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single ()</u>	8. DATE OF BIRTH <u>Sept-10-1936</u>	9. AGE (In years last birthday) <u>12</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Student</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri ()</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>G G Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Sadie Vaughan</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>G.G. Hall, Westboro, Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 AM</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>2+30 hours of entire body</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>9 AM 16</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lincoln Twn Atchison Mo</u>
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21d. TIME OF INJURY (Month), (Day), (Year), (Hour) <u>1-3-49 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Explosion of stove 74</u>
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22. I hereby certify that I attended the deceased from 1-3, 1949, to Jan 3, 1949, that I last saw the deceased alive on 1-3, 1949, and that death occurred at 2:20 PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. J. ...</u> (Degree or title)	23b. ADDRESS <u>Maryville Mo</u>	23c. DATE SIGNED <u>1-6-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan-4th-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Center Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Westboro - Atchison - Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-8-49</u>	REGISTRAR'S SIGNATURE <u>Bess Holt 229</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Scott Tucker</u> ADDRESS <u>Westboro, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

A R Tucker #2

Student Embalmer No. 478

working under my personal supervision.

Student A. R. Tucker II
Student Embalmer

Signed Ernest Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro, Missouri

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.