

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9521

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <i>Pike</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pike</i> <i>Mo</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bowling Green</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>1</i>	
c. LENGTH OF STAY (in this place) <i>35 yrs.</i>		d. STREET ADDRESS (If rural, give location) <i>Bowling Green Mo 2</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Cherry</i>	b. (Middle) <i>(None)</i>	c. (Last) <i>Hall</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>3 - 14 - 1949</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1-26-1885</i>	9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months <i>1</i> Days <i>18</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>Lincoln Co. Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>Lee Lincoln</i>	13b. MOTHER'S MAIDEN NAME <i>Dulcena Ball</i>	14. NAME OF HUSBAND OR WIFE <i>Edgar Hall</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Edgar Hall - Bowling Green Mo.</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>16 months</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>generalized arterio-sclerosis</i> DUE TO (c) <i>-</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>331X</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>none</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *11/18*, 19*47*, to *3/14*, 19*49*, that I last saw the deceased alive on *3/14*, 19*49*, and that death occurred at *11 A.* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>James B. Bridge M.D.</i>	23b. ADDRESS <i>Bowling Green, Missouri</i>	23c. DATE SIGNED <i>3/15/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3-16-1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Bowling Green Mo</i>
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DATE REC'D BY LOCAL REG. <i>3-19-49</i>	REGISTRAR'S SIGNATURE <i>Bill Robinson</i> 254	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>H.B. Moore - Bowling Green</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 1

District File Number 4.49.5

Date Filed APR 1 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed M. B. Elnore

Signed _____
Student Embalmer

Licensed Embalmer No. 3466

P. O. Address Bowling Green 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.