

NOV 18 1949

Registration District No. 341

Primary Registration District No. 4360

State File No. ....

Registrar's No. 51

1. PLACE OF DEATH:  
(a) County New Madrid  
(b) City or town Portageville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
108 West 7th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years  
years, months or days

3. (a) PRINT FULL NAME Lawrence, Quincy 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 Myrtle Hall 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Feb 4 1869  
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Erwin, Hall  
13. Birthplace Mississippi (City, town, or county) (State or foreign country)  
14. Maiden name Unobtainable  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address Portageville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/49 (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address Blytheville Ark

19. (a) Oct. 31, 1949 (Date received local registrar) (b) Ellen Decker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County New Madrid 72  
(c) City or town Portageville 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 108. W 7th St 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 Oct. day 28  
year 1949 hour 10 minute 30P M.  
21. I hereby certify that I attended the deceased from Dec 23  
19 48 to Oct 28, 19 49  
that I last saw him alive on Oct. 10, 19 49  
and that death occurred on the date and hour stated above.  
Immediate cause of death Uremia Duration 2 mo

Due to Chr. nephritis 4 yrs

Due to Chr. myocarditis 4 yrs  
Coronary Occlusion

Other conditions Hypertension 5 yrs  
(Include pregnancy within 6 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 59%

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) (e) Means of injury \_\_\_\_\_

23. Signature John Killian (M. D. or other) \_\_\_\_\_  
Address Portageville, Mo Date signed 10-29-49

PHYSICIAN  
Underline the cause to which death should be charged statistically.

NOV 14 1941

RECEIVED

District Health Office No. 2

District File Number 1149-1141

Cake Filed \_\_\_\_\_

STATEMENT BY LICENSED EMBALMER

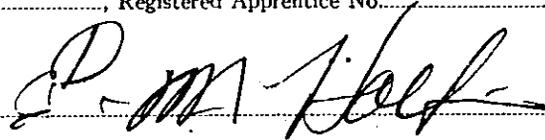
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by He

in Blytheville Ark

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_



Licensed Embalmer No. 4454 Ark 665

P. O. Address Blytheville Ark

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.