

072

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

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 8

1. PLACE OF DEATH
 a. COUNTY New Madrid
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tallopoma
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence below)
 a. STATE Missouri b. COUNTY New Madrid
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tallopoma
 d. STREET ADDRESS (If rural, give location) 911 4th St

3. NAME OF DECEASED
 a. (First) WILLIAM-HENRY-FRANKLIN-HALL b. (Middle) _____ c. (Last) _____
 4. DATE OF DEATH (Month) (Day) (Year) Mar-17-1950

5. SEX M. O 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH April-18-1893 9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farm laborer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) New Madrid MO 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Hall 13b. MOTHER'S MAIDEN NAME Kate Radt 14. NAME OF HUSBAND OR WIFE Dora Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Dora Hall ADDRESS Tallopoma, MO.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial Failure
 ANTECEDENT CAUSES DUE TO (b) Hypertension
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 days
unkend

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 3-17, 1950, to 3-17, 1950, that I last saw the deceased alive on 3-17, 1950, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. J. Hopkins, M.D. (Degree or title) 23b. ADDRESS Golden, Mo. 23c. DATE SIGNED 3/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3/20/50 24c. NAME OF CEMETERY OR CREMATORY Malden 24d. LOCATION (City, town, or county) (State) Malden - MO.

DATE REC'D BY LOCAL REG. 3/22/50 REGISTRAR'S SIGNATURE Dr. Geo. W. Husted 25. FUNERAL DIRECTOR'S SIGNATURE Walter J. Senie ADDRESS Parma, MO.

RECEIVED APR 6 1950
District Health Office No. 2
District File Number 150-275
Date 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.