

S. No. 2  
4-13-40  
5-17-39  
9-1 X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6760

FILED MAR 9 1943 47  
Registration District No.

Primary Registration District No. 5485

State File No.

Registrar's No.

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Rural Bogard  
(c) Name of hospital or institution: Harm  
(d) Length of stay: In hospital or institution 73 years  
In this community 73 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Henry  
(c) City or town Bogard Twp  
(d) Street No. 0  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME HICKMAN B HALL

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive

7. Birth date of deceased: Dec 13 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 6 If less than one day hr. min.

9. Birthplace: Moniteau Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Jesse D. Hall

13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Cornett

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant A. H. Hall

(b) Address Urish, Mo.

17. (a) Burial (b) Date thereof 2-21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Urish, Mo.

18. (a) Signature of funeral director W. J. Brown

(b) Address Urish, Mo.

19. (a) Feb. 21-1942 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19  
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;  
that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: This man went to bed feeling well, his morning members of household found him dead with clothes about his neck. No unusual circumstances connected with death. Death apparently caused by Coronary Embolism. Did not view body.  
Due to: Coronary Embolism  
Other conditions: 9/10  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature R. S. Hallingworth (M. D. or other) M. D.  
Address Clinton, Mo. Date signed 2/20/42

RECEIVED

District Health Officer No. 7,

District File Number 3-42-168

Date Filed 3-4-42

---

---

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton

**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.**