

No. 2
4-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

62217

State File No. _____

FILED JAN 10 1944

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 245

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
106 East Florence Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME William E. 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 Widowed

6. (b) Name of husband or wife Emma Thorp 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 25 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 6 27 hr. min.

9. Birthplace Moniteaus County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Hall

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

14. Maiden name B. Cornett

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

16. (a) Informant Mrs. J. S. Carter

(b) Address Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-43
(Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) December 31, 1943 (Date received local registrar) Georgia Kitcher (Registrar's signature) 2x

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Urich - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R F D
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22 year 1943 hour 11:15 P M minute _____ M.

21. I hereby certify that I attended the deceased from Dec-20 _____, 1943 to Dec-22 _____, 1943; that I last saw her alive on Dec-22 _____, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Duration _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

92 f

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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 W. Hall (M. D. or other) _____

Address Windsor Date signed 12/27/43

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

1069

State of Missouri, No. 7,
District File Number 12-43-1433
Date Filed 1-8-44

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 Edell Hunter
Licensed Embalmer No. 3391
P. O. Address Windsor, 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.