

FILED OCT 17 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 137

Primary Registration District No. 5517

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural Tebo Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 M. NE of Clinton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rebo Twp (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME W^m Jacob Hall

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hallie Hall 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased 10 23 1876 (Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jacob Hall

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

14. Maiden name Mrs. Ziesler

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

16. (a) Informant Mrs. Hallie Hall (b) Address Clinton Mo

17. (a) Church (b) Date thereof 10-13-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crowwood cem

18. (a) Signature of funeral director W. B. Williams (b) Address Clinton Mo

19. (a) 10-13-44 (b) W. B. Williams (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1946 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from Oct 1 1946 to Oct 11 1946; that I last saw him alive on Oct 8 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism Duration two minutes

Due to Thrombophlebitis left femoral vein 2. Due to _____

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none PHYSICIAN 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) (c) Means of injury 1

23. Signature S. B. Hughes (M. D. or other) MD Address Clinton, Mo. Date signed 10/12/46

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

202

32182

120

RECEIVED
District Health Officer No. 7,
District File Number 6-46-1050
Date Filed 10-1-46

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 Fred Wilkinson
Licensed Embalmer No. 2478
P. O. Address Clinton, 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.