

S. No. 2  
M-5-43  
5-17-39  
I X3677

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
1946  
FILED DEC 4

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36787

State File No. \_\_\_\_\_

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 217

1. PLACE OF DEATH: Henry

(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: Community Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days) 73 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Windsor  
(If outside city or town limits, write "RURAL")

(d) Street No. 300 E. Jackson  
(If rural, give location)

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

3. (a) PRINT FULL NAME John B. 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 M

6. (b) Name of husband or wife Flossie King 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November 8, 1873  
(Month) (Day) (Year)

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

73 0 0 hr. min.

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

10. Usual occupation Rt. barber

11. Industry or business Barber shop

12. Name J.G. Hall

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

14. Maiden name Emily Major  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. John Hall

(b) Address Windsor, Mo.

17. (a) burial (b) Date thereof Nov. 11, '46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

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

(b) Address Windsor, Missouri

19. (a) 11-2-46 (b) R. R. Renny  
(Date of registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th  
year 1946 hour 8 minute 0 p. M.

21. I hereby certify that I attended the deceased from Nov 1  
1946 to Nov 8 19 46  
that I last saw him alive on Nov 8 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: ASD

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? \_\_\_\_\_  
(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 II

23. Signature Ray B Jordan (M. D. or other) \_\_\_\_\_  
Address Windsor Mo Date signed 11-2-46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

35607

RECEIVED  
DIRECTOR OF HEALTH  
10-16-3012  
11-25-46

**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.....  
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.