

No. 2
1-10-39
1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38271**
Registrar's No. **364**

DEC 12 1940

Registration District No. **89**

Primary Registration District No. **5131**

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Neelyville Mo
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____
In this community 3 months
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Roberta Hall
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 28 1937
(Month) (Day) (Year)

8. AGE: 3 Years 5 Months 13 Days
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Enosh Hall
13. Birthplace Helma Arke.
(City, town, or county) (State or foreign country)

14. Maiden name Alice Cannon
15. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Hall (mother)

(b) Address Neelyville Mo R-1

17. (a) Rural (b) Date thereof 12-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neelyville Mo.

18. (a) Signature of funeral director Jordan

(b) Address Dowman Mo.

19. (a) 12-24-40 Obletsinger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. Neelyville Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 1, year 1940, hour 9 minute P. 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: accident, Fall over
2 rods

Due to Fracturing Brain

Due to _____

Other conditions: 15 lb W
(Include pregnancy within 3 months of death) 16

Major findings: Of operations _____
Of autopsy _____

Duration _____
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? Yes

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature J J Dan (M. D. or other) M.D.

Address Neelyville Mo Date signed 12-2-40

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.....

not Embalmed,

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

J. E. Jordan

Licensed Embalmer No.

3200

P. O. Address.....

Noniphan

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, above space should be left blank.