

FILED FEB 13 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

Registrar's No. 31

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(c) Name of hospital or institution: **946 E Chestnut St**  
(d) Length of stay: In hospital or institution **4 Months**  
In this community **4 Months**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield**  
(d) Street No. **946 E Chestnut**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME

**William Morgan Hall**

3. (b) If veteran,

name war **None**

3. (c) Social Security

No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **12**  
year **1942** hour **11:45** minute **A.M.**

21. I hereby certify that I attended the deceased from **1/7** to **1/12**  
that I last saw him alive on **1/11**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
(b) Name of husband or wife **Nancy Hall**  
(c) Age of husband or wife if alive **80** years

7. Birth date of deceased **April 2 1871**

8. AGE: Years **70** Months **9** Days **10**

9. Birthplace **Unknown Illinois**

10. Usual occupation **Laborer**

11. Industry or business

12. Name **Thomas Hall**  
13. Birthplace **Unknown Illinois**  
14. Maiden name **Nancy Silance**  
15. Birthplace **Unknown Indiana**

16. (a) Informant **Mr Hall**

(b) Address **946 E Chestnut**

17. (a) **Burial** (b) Date thereof **Jan 13 1942**

(c) Place: burial or cremation **East Lawn**

18. (a) Signature of funeral director **Bred C. Thoms**

(b) Address **1100 Bonville Ave**

19. (a) **1-13-42** (b) **D W Saudley**

Immediate cause of death **Cerebral Hemorrhage**  
Due to **Arterio-Sclerosis**  
**Hypertension**

Other conditions **1**

Major findings: Of operations **g30**  
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 **W. M. J. J. J.** (M. D. or other) **MD**  
Address **Springfield Mo** Date signed **1/13/42**

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

39  
2  
6

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**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. H. Thorne*

Licensed Embalmer No. *3681*

P. O. Address.....

*Springfield, 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.**

*7*