

FILED MAR 13 1942

Registration District No. **830**

Primary Registration District No. **4503**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Shelby**
(b) City or town **Clarence, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
In this community **9 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **FRANK A. HALL**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ella Hall** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **Sep 27 - 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **4** Days **13** If less than one day hr. min.

9. Birthplace **abingdon Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER
12. Name **Annas Hall**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Platt**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Lucile Hall**
(b) Address **Clarence Mo**

17. (a) **Burial** (b) Date thereof **Feb 11-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Edwards Wood**

18. (a) Signature of funeral director **W. H. Burdick**

(b) Address **Clarence Mo**

19. (a) **Feb 19, 42** (b) **Madge Leach**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **8**
year **1942** hour **9** minute **P** M.

21. I hereby certify that I attended the deceased from **Aug 17** 19**41** to **Feb 8** 19**42**
that I last saw him alive on **Feb 7** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy** Duration **10 mo**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **830**

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? _____

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

23. Signature **D. L. Hulan** (M. D. or other) **MD**
Address **Clarence Mo** Date signed **Feb 19 1942**

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

RECEIVED

District Health Officer No. 10

District File Number 10-42-316

Date Filed MAR 10 1942

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 Henry G. Barkley

Licensed Embalmer No. 3835

P. O. Address Shelburne, 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.