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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1943

Registration District No. ~~318~~

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5465

State File No. 6395

Registrar's No. 139

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town ~~Springfield~~ Rural N. Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two Months (Specify whether years, months or days)
In this community ~~25 years~~

2. USUAL RESIDENCE OF DECEASED: 39
(a) State Missouri (b) County Greene 2
(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No. 807 South Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leo Peter Van Hall
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Unknown (Month) (Day) 1890 (Year)
8. AGE: Years Approx. 53 Months Days If less than one day hr. min.
9. Birthplace Peoria (City, town, or county) Illinois (State or foreign country)
10. Usual occupation
11. Industry or business Doctor
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs Lois Acker
(b) Address 807 South Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1943 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn
18. (a) Signature of funeral director Fred C. Thieme
(b) Address 1100 Boonville Ave.
19. (a) 2-13-43 (Date received local registrar) (b) R W Hadley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1943 hour Four minute A.M.
21. I hereby certify that I attended the deceased from Sept 30, 1942 to About Jan 15 1943; that I last saw him alive on About Jan 15 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	12 hrs
Due to Diabetes Mellitus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature James R Amos (M. D. or other)
Address Springfield, Mo. Date signed 2-13-43

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 1958

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 C. Thieme.

Licensed Embalmer No. 2899

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.

X