

FILED JUL 21 1944
Registration District No. **144**

Primary Registration District No. **4233**

Registrar's No. **3**

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Arcadia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community seven years
years, months or days

3. (a) PRINT FULL NAME Cornelius Christian Van Hall

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex male 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maude M. Van Hall 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 16 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>2</u>	<u>19</u>	_____ hr. _____ min.

9. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation optometrist

11. Industry or business _____

MOTHER FATHER

12. Name Moritz VanHall

13. Birthplace Holland 4
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmenia Courts

15. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude M. VanHall

(b) Address Arcadia Mo.

17. (a) burial (b) Date thereof 7-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) July 9 1944 (b) Mr. Francis C Howard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Arcadia 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 18th 1944 to July 5th 1944
that I last saw him alive on July 5, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage (Stroke) 7/4/44
Duration _____

Due to Hypertensive Heart Disease

Other conditions Bad teeth
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____ 938
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? _____

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

23. Signature P. E. Harland (M. D. or other) M.D.
Address Ironton, Missouri Date signed 7-7-44

JUL 21 1944

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 *Arnell White*
Licensed Embalmer No. *3012*
P. O. Address *Forton Ave.*

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.