

FILED JUL 14 1945

Registration District No. 137

Primary Registration District No. 4214

Registrar's No. 124

1. PLACE OF DEATH:
 (a) County: **Henry**
 (b) City or town: **Clinton, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Clinton General Hospital.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **two days.**
(Specify whether
 In this community **Clinton, Missouri.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Henry**
 (c) City or town **Clinton**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Route 4**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No) **1**
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb** day **11**
 year **1945** hour **5** minute **55** P.M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **single.**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: **December 27, 1865**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 1**, 1945, to **Feb 4**, 1945;
 that I last saw him alive on **Feb 4**, 1945;
 and that death occurred on the date and hour stated above.

8. AGE: Years **79** Months **1** Days **6** If less than one day
 hr. _____ min. _____

Immediate cause of death **Coronary atherosclerosis** Duration **3 da**
 Due to **Hyperextension** **2 yr**
 Due to _____

9. Birthplace **Jamestown, Moniteau Co., Mo.**
(City, town, or county) (State or foreign country)

Other conditions **940**
(Include pregnancy within 3 months of death)

10. Usual occupation **Farmer.**
 11. Industry of business **Farming.**

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name **Jesse Dial Hall.**
 13. Birthplace **Stokes County, North Carolina**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Ann Cornett**
 15. Birthplace **Jackson County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. T. Collins**
 (b) Address **Route 4, Clinton, Mo.**
 17. (a) **Burial** (b) Date thereof **Feb. 7, 1945**
(Burial, cremation, etc.) (Month) (Day) (Year)
 (c) Place: burial or cremation **Urioh Cemetery, Urioh Mo.**

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? _____

18. (a) Signature of funeral director **W. B. Brown**
 (b) Address **Urioh, Missouri**
 19. (a) **4-23-47** (b) **W. B. Brown**
(Date of burial) (Signature)
 (c) **W. B. Brown**
(Address) (Signature)

(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature **W. B. Brown** (M. D. or other) **M.D.**
 Address **Clinton, Mo.** Date signed **6**

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

1
2

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 6-43-688

Date Filed 7-12-45

JUL 17 1945

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.....

Licensed Embalmer No.....

P. O. Address.....

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.