

S. No. 2
M-5-43
7. 5-17-39
I X36871

State File No. _____

FILED AUG 21 1946

Registration District No. _____

Primary Registration District No. 5088-5089

Registrar's No. 67/2

1. PLACE OF DEATH:
 (a) County Bates
Rural RFD Butler-Pleasant Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (b) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 71 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bates
Rural RFD Butler Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. Pleasant Gap
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lewis Cass Hall
 (b) If veteran, name war X
 (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 11 year 1946 hour 4 minute _____ P. M.
 21. I hereby certify that I attended the deceased from 1929 to Aug 9, 1946
 that I last saw him alive on Aug 9, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Senility
 Duration _____

4. Sex male 5. Color or race W
 6. (a) Single, widowed, married, divorced widowed
 (b) Name of husband or wife Dorinda Hall
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: March 18, 1848
 (Month) (Day) (Year)

8. AGE: Years 98 Months 4 Days 24
 If less than one day _____ hr. _____ min.

9. Birthplace: Columbus enter Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____
 12. Name Ancel Hall
 13. Birthplace Vermont
 (City, town, or county) (State or foreign country)
 14. Maiden name Eivira
 15. Birthplace Vermont
 (City, town, or county) (State or foreign country)

16. (a) Informant Jesse Hall
 (b) Address RFD Butler Missouri

17. (a) Burial (b) Date thereof Aug 14 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Double Branches

18. (a) Signature of funeral director Cubber Underwood
 (b) Address Butler Missouri

19. (a) 8-13-46 (b) Randall Kury
 (Date received local registrar) (Registrar's signature)

Due to _____
 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?
 While at work? _____ (Specify type of place)
 (e) Means of injury: _____
 23. Signature L. D. Lathrie (M. D. or other M.D.)
 Address Butler, MO. Date signed 8-12-46

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

25070

RECEIVED

DEPT.

OF

Date Recd

No. 7,

7-46-845

8-20-46

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..... *John G. Underwood*
Licensed Embalmer No..... 3585
P. O. Address..... Butler Missouri

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.