

FILED SEP 14 1946

Registration District No. 139

Primary Registration District No. 5836

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Oregon-Rural Nodaway Township
(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)

(d) Length of stay: In hospital or institution 12 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Forest City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ida Hall

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1946 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from Aug 19 1946 to Aug 29 1946 that I last saw him alive on Aug 28 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Joseph Warren Hall 6. (c) Age of husband or wife if alive 25 years 1865

7. Birth date of deceased March (Month) 25 (Day) 1865 (Year)

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

8. AGE: Years 81 Months 5 Days 4 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations (30)

Of autopsy _____

9. Birthplace Wathena Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Meidinger

{ 13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

{ 14. Maiden name Henrietta Christel

{ 15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Harry Flint

(b) Address Oregon, Missouri

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Troy, Kansas

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Oregon, Mo

19. (a) Sept 1 (Date received local registrar) W. J. Perry (Registrar's signature)

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

23. Signature W. J. Perry (M. D. or other) MD

Address Maumelle, Ar Date signed 8-30-46

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

44
0
0
25804

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *James W Pettigrew*
Licensed Embalmer No. *3192*
P. O. Address..... *Oregon 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.