

FILED AUG 26 1947

Registration District No. _____

Primary Registration District No. 4386

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Oregon
 (b) City or town Thayer
(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 _____
(Specify whether years, months or days)
 In this community 16 years

3. (a) PRINT FULL NAME Clyde Lee Hall
 3. (b) If veteran, name war World War I
 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 Mary Hall
 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased January 30 1892
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 17
 If less than one day _____ hr. _____ min.

9. Birthplace White County Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business _____

MOTHER FATHER {
 12. Name Thomas William Hall
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Wilmoth Ellis
 15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Hall

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 7/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Edith Carter

(b) Address Thayer, Mo.

19. (a) August 6, 1947 (b) Edith Carter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
 (c) City or town Thayer
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
 year 1947 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from _____
 1947 to July 17 1947;
 that I last saw him alive on July 17
 and that death occurred on the date and hour stated above.

Immediate cause of death Pain may carcinoma of lung
 Due to general metastasis to all bone

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

Major findings: Of operations _____
 Of autopsy 479

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 DW Quigg (M. D. or D.O.)
 Address Thayer, Mo. Date signed 7-29-47

PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File No. 247434

Date Filed 8-23-47

AUG 26 1947

SEP 2 1947

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.