

FILED APR 12 1945
Registration District No. **297**

Primary Registration District No. **3057**

Registrar's No. **14**

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

1. PLACE OF DEATH:
 (a) County **Ray**
 (b) City or town **Richmond, Mo.**
 (c) Name of hospital or institution: **None**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **All Her Life**
 In this community **years, months or days**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Ray**
 (c) City or town **Richmond, MO.**
 (d) Street No. **Water Tower Hill**
 (e) Citizen of foreign country? **No**
 If yes, name country **U.S.A.**

3. (a) PRINT FULL NAME **Martha Louise Hall**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Mar.** day **2nd.**
 1945. year **1945.** hour **4** minute **A** M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **Andy Hall Deceased**
 6. (c) Age of husband or wife if alive **February 14th, 1864.**
 7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 26** 1945 to **March 2** 1945
 that I last saw her alive on **Mar 1** 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Acute Dilatation Heart.**
 Due to **Lobar Pneumonia**
 Duration **5 wks**

8. AGE: Years **81** Months **16** If less than one day
 hr. min.

Due to **Lobar Pneumonia** 1 week.

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

10. Usual occupation **House Keeper**

11. Industry or business
 12. Name **Tom Crowley**
 13. Birthplace **Ray Co. Mo.**
 14. Maiden name **Mary Ann Wells**
 15. Birthplace **Ray Co. Mo.**

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations **108**
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Joe Crowley**
 (b) Address **Richmond, Mo.**
 17. (a) Burial (b) Date thereof **3-4-45.**
 (c) Place: burial or cremation **Crowley Cem.**

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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **[Signature]**
 (b) Address **Richmond, Mo.**
 19. (a) **Mar 3 45** (b) **Mo. Sh. W. Sheppard**
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
 23. Signature **[Signature]** (M. D. or other) **M.D.**
 Address **Richmond, Mo.** Date signed **3-2-45**

RECEIVED

District Health Officer No.

District File Number

Date Filed

4/10/45

STATEMENT BY LICENSED EMBALMER

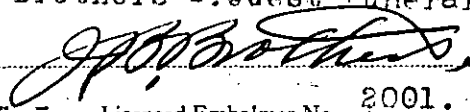
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Brothers - Guest Funeral Home

Signed.....



Licensed Embalmer No. 2001.....

P. O. Address..... Richmond 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.