

No. 2
-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17268

FILED JUN 11 1948

Registration District No. 296

Primary Registration District No. 6018

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Route No-1 Orrick, Mo.
(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)
In this community All of life years, months or days

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife W. A. Hall 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 21 1862
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel H. Tucker
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Millie Elliott
15. Birthplace Camden, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Scott
(b) Address Orrick, Mo.

17. (a) Burial (b) Date thereof 5-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Riffe Cemetery

18. (a) Signature of funeral director B. W. Good
(b) Address Orrick, Mo.

19. (a) 5-27-48 (b) Walter J. Larkin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
(c) City or town Route No. 1. Orrick, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1948 hour 11 minute 00
21. I hereby certify that I attended the deceased from 1-8-48
19 _____ to 5-24-48 19 _____
that I last saw her alive on 5-24-48 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Emphysema Duration _____
Due to Arteriosclerosis
Due to Chronic Tachycardia

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

Major findings: _____
Of operations _____
Of autopsy 13/10

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 2

23. Signature Effie J. Semmons (M.D. or other) D.O.
Address Orwick - MO Date signed 5-26-48

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-10-48

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.....

working under my personal supervision.

Self

Registered Apprentice No.

Signed

Victor E. Irwin

Licensed Embalmer No. *2896*

P. O. Address

Liberty 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.