

REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1280
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Kaw Primary Registration District No. 10-2 Registered No. 293
(c) City Kansas City, Missouri Street No. Northeast Hospital, K.C. Mo. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Edward Hale

(a) Residence, No. 3202 Morrell Avenue, K.C. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Hale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1865

7. AGE YEARS 73 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Millwright
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Henry A. Hale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Nancy Dobbs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Josephine Hale (ADDRESS) 3202 Morrell Avenue, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah Cem. DATE Jan. 25th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C.L. Forster
918 Brooklyn Avenue, K.C. Mo.

20. FILED Jan 24 1939 M. M. Cronin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23rd, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1939., to Jan 23, 1939
I last saw him alive on Jan 23, 1939. Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Embolism Date of onset _____

Other contributory causes of importance:

arteriosclerosis
vascular hypertrophy

Name of operation Proctectomy Date of Jan 17
What test confirmed diagnosis hist + clin Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W.A. Warren, M. D.
(Address) 714 Chambers Bldg

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14028

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, above space should be left blank.