Miller

REC'D MAR 20 1939

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

7125
Do not use this space.

1. PLACE OF DEATH

(a) County Macon — Registration District No. 533

(b) Township Eagle — Primary Registration District No. 5714 — Registered No. 16

(c) City [redacted] — (d) Street No. ..... 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 George Hale

(a) Residence, No. RFD #3, Macon, Mo St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 25, 1879

7. AGE: YEARS 59 — MONTHS 11 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: Gen. farming
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): Macon Co. Missouri

FATHER
13. NAME: Sam Hale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Ellen Abbott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Miss Delia Hale, Macon, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Hopewell-Atlanta DATE: Feb. 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert Skinner, Macon, Mo

20. FILED 2/28, 1939 Leota Newton, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1939, to Feb 17, 1939
I last saw him alive on Feb 13, 1939. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Feb 10

Other contributory causes of importance: None

Name of operation: none — Date of —
What test confirmed diagnosis? Clinical — Was there an autopsy? No

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? No
If so, specify
(Signed) Lawrence Miller, M. D.
(Address) Macon Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 10-39-351
Date Filed MAR 14 1939

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, George W. Lile, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed George W. Lile

Licensed Embalmer No. 2066

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.