

DECD APR 10 1939

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

12141  
 Do not use this space.

- 94  
6  
5
1. PLACE OF DEATH  
 (a) County ST. FRANCOIS 2 Registration District No. 774  
 (b) Township St. Francois 1 Primary Registration District No. 4465 Registered No. 855  
 (c) City FLAT RIVER (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
- 400  
 2. PRINT FULL NAME REV. CHARLES P. HALE  
 (a) Residence, No. FLAT RIVER 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) WIDOWED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOWED  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 1866  
 7. AGE YEARS 73 MONTHS \_\_\_\_\_ DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister  
 9. Industry or business in which work was done, as saw mill, bank, etc. Church work  
 10. Date deceased last worked at this occupation (month and year) 3-21-29 11. Total time (years) spent in this occupation 12 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leonton Mo. 2

- FATHER 13. NAME John L. Hale 9  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 9

- MOTHER 15. MAIDEN NAME Mary Conway  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. W. P. Casey Flat River

18. BURIAL, CREMATION, OR REMOVAL PLACE Leadwood DATE 3-23-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. F. Dyer Desloge 1890

20. FILED 3-29 1939 C. B. Turner Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 21 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1939, to Mar 21, 1939  
 I last saw h./m. alive on Mar 21, 1939. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
hypertension  
Chronic nephritis

Date of onset

Other contributory causes of importance:

Name of operation Examine Date of \_\_\_\_\_  
 What test confirmed diagnosis? Examine 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) C. H. Appleberry, M. D.

(Address) Flat River, Mo.

**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.....

*C. J. Boyer*

Licensed Embalmer No.....

*1471*

P. O. Address.....

*Desloge*

**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.**