

Dr. Kelly

REC'D MAY 11 1939

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

14877
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316

(b) Township _____ Primary Registration District No. 2001

(c) City SPRINGFIELD (d) Street No. 751 So. Missouri 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Reuben R. Hale

(a) Residence, No. 751 So. Missouri 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 Faytie Hale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 17, 1872

7. AGE YEARS 66 MONTHS 6 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Retired Teacher

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Ruben L. Hale

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

15. MAIDEN NAME Sarah Day

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

17. INFORMANT (ADDRESS) James Hale Springfield, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sparta, Missouri DATE April 11, 1939

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer (ADDRESS) Springfield, Missouri.

20. FILED Apr 10 1939 Chas. A. George Local Registrar. 290

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-9-1939 to 4-9-1939
I last saw him alive on 4-9-1939. Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:
Coronary Arteriosclerosis
J. M.

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. Kelly, M. D. (Address) Springfield, Mo.

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.

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

L. Edwin Gordon

Licensed Embalmer No.

3177

P. O. Address

Springfield 7

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.