

1939 JUL 11 1939

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

21573
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 3 85
(b) Township Washington Primary Registration District No. 1001
(c) City St. Joseph, Mo (d) Street No. 2803 Monterey Registered No. 610
(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 Henry Hales

(a) Residence, No. Perrin, 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 Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23 1871
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 8 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant Grocery Store
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 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, County Missouri

FATHER 13. NAME George Hales
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Almeda Weeks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT John Hales
(ADDRESS) Plattsburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Perrin, Mo. DATE June 16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. King, 218 S. 1st St., St. Joseph, Mo.

20. FILED June 15 1939 H. J. Kettlebush, P.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1939
22. I HEREBY CERTIFY, That I attended deceased from June 14th, 1939 to June 14th, 1939.
I last viewed deceased on June 14th, 1939. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency

Other contributory causes of importance: none
Date of onset

Name of operation History Date of no
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) B. W. Pallen Coroner M. D.

(Address) King Hill Bldg St. Joseph, Mo

WRITE 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.

1157

1 X14023

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,

Garth A. Smith

....., or by

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

Signed *Garth A. Smith*

Licensed Embalmer No. *3927*

P. O. Address *2175 10th St. Joplin*

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.