

Registration District No. 701

Primary Registration District No. 5970

State File No.

Registrar's No. 25-

1. PLACE OF DEATH:

(a) County Falk  
(b) City or town Balmain Rural Marion  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution:  
In this community 30 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Jasper Hale

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sarah E. Hale 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: Feb. 6 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Falk County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Thomas Hale

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Chelatta Jenkins

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Julia Hale

(b) Address Balmain, Mo.

17. (a) Burial (b) Date thereof May 21 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnutwood Cemetery

18. (a) Signature of funeral director White - Gustin

(b) Address Balmain, Mo.

19. (a) 4/20/40 (b) Robert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Falk  
(c) City or town Balmain (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 E of Balmain Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19  
year 1940 hour 2 minutes 35 P. M.

21. I hereby certify that I attended the deceased from May 14  
1940 to May 19 1940  
that I last saw him alive on May 14 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 162

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? 630 (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature J. N. Bridger (M.D. or other)

Address W. J. ... Date signed 5/20/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 17  
District #18 Number 2-7-78  
Date Filed 2-11-78

**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 \_\_\_\_\_

Chas. Jester, Registered Apprentice No. 191  
working under my personal supervision.

Signed William B. Erwin

Licensed Embalmer No. 3092

P. O. Address Salina, Mo

**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.**