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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3295
Registrar's No. 16

Registration District No. 508

Primary Registration District No. 3026

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Chillicothe
(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 ✓
(Specify whether
In this community 3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 1101 Cooper
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME WILLIAM B. HALE
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 24
year 1941 hour 13 minute 30 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gene A. Hale
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Oct 28 1846
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 26, 1940 to Jan 24, 1941
that I last saw him alive on Jan 23, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
94 2 26 ✓ hr. ✓ min.

Immediate cause of death Pneumonia Duration 3 days
Due to Influenza 27 3 days
Due to 27

9. Birthplace Virginia
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer - Ret

Other conditions arterio-sclerosis ?
(Includes pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

MOTHER FATHER
11. Industry or business
12. Name William Hale
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Lucretia Williams
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Vernon Piper
(b) Address 703 Hardin Road Chicago
17. (a) Removal (b) Date thereof Jan 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem Mo
18. (a) Signature of funeral director James D Gordon
(b) Address Chillicothe Mo
19. (a) 1-24-41 (b) H. M. Grace, MD
(Date received local registrar) (Registrar's signature)

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?
943 (Specify type of place) (e) Means of injury
23. Signature J. W. Johnson (M. D. or other) ✓
Address Chillicothe Date signed 1/24/41

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..... *Donald Gordon*

Licensed Embalmer No..... *4191*

P. O. Address..... *Chillicothe, 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, fact should be so stated above.