

Registration District No. 562

Primary Registration District No. 5757

Registrar's No.

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Rural Richwood, Mo.
(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. 1 (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Henry Hale

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Hale 6. (c) Age of husband or wife if alive 3 years 1860 (Day) (Year)

8. AGE: Years 80 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Amos D. Hale
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
14. Maiden name Sarah Glasco
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Clint Hale
(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 3-4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom
(d) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 3-5-41 (b) Mr. W. L. Dow Grump
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 2
year 1941 hour 10 minute PM

21. I hereby certify that I attended the deceased from 2-10-
1941 to 3-2- 1941
that I last saw him alive on 3-2- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
Due to Insanity & Starvation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
496 (Specify type of place) (e) Means of injury

23. Signature W. Miller (M.D. or other)
Address Dixon, Mo. Date signed 3-3-41

84

RECEIVED
Miller County Health Dep't
County File Number 41-51
Date filed

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.....

3/2-1941
working under my personal supervision.

Registered Apprentice No.....

Signed *Fred B. Gilbert*

Licensed Embalmer No. 3341

P. O. Address *Union, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11399

Registration District No. 562

Primary Registration District No. 5757

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Richwood T.P.
(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 _____
years, months or days

3. (a) PRINT FULL NAME Geo. Henry Hale
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one year
80 10 19 hr. min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 2
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration _____

Due to Incontinence & Starvation

Due to Chronic myocarditis

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. Miller M.D. (M. D. or other) _____

Address Osceola, Mo Date signed 6-7-41

SUPPLEMENTARY

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

MOTHER FATHER

1941

S-11399