FILED MAY 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14453

State File No.

Registration District No. 293 Primary Registration District No. 4177 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Pacific (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 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Pacific 2 (If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME James Marion Hale

3. (b) If veteran, name war No

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 Pearl Hale

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased November (Month), 5 (Day), 1864 (Year)

8. AGE: Years 76 Months 5 Days 0 If less than one day ✓ hr. ✓ min.

9. Birthplace 0 (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Section Foreman (Retired)

11. Industry or business Railroad

FATHER
12. Name Marion Hale
13. Birthplace 9 (City, town, or county) ✓ (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace 9 (City, town, or county) ✓ (State or foreign country)

16. (a) Informant Earl Hale
(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April (Month) 7 (Day) 1941 (Year)
(c) Place: burial or cremation Leasburg, Mo.

18. (a) Signature of funeral director Jno. D. Thiebes
(b) Address Pacific Mo

19. (a) 4-6-41 (Date received local registrar) (b) Mary B Gross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1941 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov. 5, 1940 to Apr. 5, 1941; that I last saw him alive on 4th of Apr., 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the vesica urinaria — Duration 2

Due to 51 b

Due to

Other conditions Generalized arteriosclerosis (Include pregnancy within 3 months of death) Chronic Mycarditis

Major findings: Of operations Prostatectomy - Malignancy of Prostate

Of autopsy Primary

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? (Specify type of place)

(e) Means of injury

While at work 266

23. Signature D. Becker (M. D. or other) 0

Address Pacific Date signed 4/7/41

(Licensed Embalmer's Statement on Reverse Side)

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 Jno. L. Shields

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.