

Registration District No. 696

Primary Registration District No. 5855

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Rural - Jackson
(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 65 years
years, months or days)

3. (a) PRINT FULL NAME WILLIAM HALE

3. (b) If veteran, _____ 3. (c) Social Security
name war. _____ No. _____

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

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

7. Birth date of deceased June 20 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 13 hr. min.

9. Birthplace Ozark County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jim Hale

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

14. Maiden name Elizabeth Conley

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

16. (a) Informant Deft. Hale

(b) Address Rock bridge, Mo.

17. (a) Burial (b) Date thereof 5/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spuder, Mo.

18. (a) Signature of funeral director A. B. McElure

(b) Address Gainesville, Mo.

19. (a) June 9-1941 (b) Mrs. Riley Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ozark
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1941 hour 6 - minute - P.M.

21. I hereby certify that I attended the deceased from July 15 1940 to May 3 1941
that I last saw him alive on March 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 hour

Due to Hypertension

Due to _____

Other conditions 130
(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? _____

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

23. Signature M. J. Voerman (M. D. or other) 200

Address Gainesville, Mo. Date signed May 7, 1941

RECEIVED
District Health Officer No. 6,
District File Number 741-1068
Date Filed JUL 11 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.