

No. 2  
13-40  
17-39  
X23159

FILED JUL 19 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22934  
State File No. \_\_\_\_\_  
Registrar's No. 12

Registration District No. 849

Primary Registration District No. 6126

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Morris Township  
(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 Life  
years, months or days)

3. (a) PRINT FULL NAME Jerusha Elizabeth Hale

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

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

6. (b) Name of husband or wife Joshua Hale 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 23 1848  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 5 26 hr. min.

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

10. Usual occupation Housewife

11. Industry or business On farm

12. Name Nathan Lay

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

14. Maiden name Jane Gilmore

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

16. (a) Informant Martha J. D. Royles

(b) Address Morris and 2nd

17. (a) Burial (b) Date thereof June 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baker Cem.

18. (a) Signature of funeral director Wm. E. Leitch

(b) Address Green City, Missouri

19. (a) July 1-41 (b) Virginia Gibson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Morris Township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 18  
year 1941 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from MAY 13  
1941, to JUNE 18 1941  
that I last saw her alive on JUNE 16 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE STARVATION

Due to SENILE DEMENTIA

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

Other conditions 1670  
(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?  
171

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

23. Signature Wm. E. Leitch (Mr.-Dr or other) 2  
Address Green City Mo. Date signed 6-19-41

Duration 2 weeks  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 7-41-1359

Date Filed JUL 16 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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.