

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED OCT 24 1941

STANDARD CERTIFICATE OF DEATH

State File No. 3170

Registration District No. 174

Primary Registration District No. 5166

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Lena Hale
3. (b) If veteran, name war X
3. (c) Social Security No. X

20. DATE OF DEATH: Month Sept. day 11
year 1941 hour 4 minute _____ P. M.
21. I hereby certify that I attended the deceased from Sept. 4th, 1941, to Sept. 11th, 1941;
that I last saw her alive on Sept 10th, 1941;
and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Walter C. Hale
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Aug. 4 1878
(Month) (Day) (Year)

Immediate cause of death Chronic Endocarditis
Due to Influenza
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 33R
Of autopsy _____

8. AGE: Years 63 Months 1 Days 7
If less than one day _____ hr. _____ min.

9. Birthplace Shamrock Mo. D.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name James P. Covington
13. Birthplace Montgomery Co. Mo. D.
(City, town, or county) (State or foreign country)
14. Maiden name Alice Bail
15. Birthplace Shamrock Mo. D.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter C. Hale
(b) Address Martinsburg, Mo.

17. (a) Rural (b) Date thereof 9/12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Hughes Marple
(b) Address Aurville Mo.

19. (a) 9/11-41 (b) Ethel Thurston
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. Birch (M. D. or other) _____
Address Middleton, Mo. Date signed 9/11/41

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

Hughes Maukin

Licensed Embalmer No.

2358.

P. O. Address

Aux Vasse, M

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, above space should be left blank.