S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Sale 21887

State File No.

Registration District No. 609 Primary Registration District No. 4363 Registrar's No. 87

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sale-Bowman 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 6 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Seneca -Rural East 6 mi 0
(If outside city or town limits, write "RURAL")

(d) Street No. E. of Seneca 6 mi 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Herbert Owen Wale

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July 22 1935 (Month) (Day) (Year)

8. AGE: Years 6 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name H. O. Wale
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Delpha Stout
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant X Delpha Wale
(b) Address Neosho RFD #4

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 13th 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Park Joplin

18. (a) Signature of funeral director O. Chase
(b) Address Seneca Mo

19. (a) 7-22-1942 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1942 hour 6;05 minute P M.

21. I hereby certify that I attended the deceased from 7-8, 1942 to 7-9, 1942 that I last saw him alive on 7-9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death periotinitis and shock following an accidental gun shot wound with a 22 long which entered the left side of the abdoman-traveled through the abdoman and left the right side.

Due to

Due to

Operation with repair of two holes in the decending colon eight in the judjenium and four in the mesentary of the small intestin.

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

Duration

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) 22 gunshot 073

(b) Date of occurrence July 8th 1942

(c) Where did injury occur? at home Newto Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm home (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Ausea Sale (M. D. or other)

Address Neosho Mo. Date signed 7-22-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 742-1033
Date Filed JUL 23 1942

JUL 30 1942

JUL 28 1942

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 Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.