S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22049

FILED JUL 7-3 1942

Registration District No. 711 Primary Registration District No. 5940 Registrar's No. 70

85

1. PLACE OF DEATH:

(a) County: Pulaski

(b) City or town: Rural Near-Dixon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: union twp
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pulaski 85

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Near Dixon
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Martha Lucretia 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: William Hale 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: February (Month) 24 (Day), 1874 (Year)

8. AGE: Years 68 Months 3 Days 15 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER

12. Name: Henry Atwell

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

14. Maiden name: Nancy Long

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

16. (a) Informant: Mrs. Herman Grismon

(b) Address: Dixon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Freedom Cemetery

18. (a) Signature of funeral director: Fred H. Gilbert

(b) Address: Dixon, Mo.

19. (a) 6-22-1942 (Date received local registrar) (b) Chas. M. Dodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 42 hour minute M.

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

Immediate cause of death: Mitral Obstruction

Due to: Chronic Cholecystitis

Due to: Hypertensive

Other conditions (Include pregnancy within 3 months of death): P

Major findings: Of operations: 92

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)

(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)

While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other)

Address: Dixon, Mo. Date signed 6/9/42

1110 (Licensed Embalmer's Statement on Reverse Side)

JUL 7 1942

RECEIVED
Pulaski County Health Officer
File Number 6-42-166
Date Filed 6-30-42

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 .....
June 9 1942, Registered Apprentice No. .....,
working under my personal supervision.

Signed Fred D Gillespie
Licensed Embalmer No. 2341
P. O. Address Dixon 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.