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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

22555

State File No.

FILED JUL 13 1942

Registration District No. 108 Primary Registration District No. 6222 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mountain Grove Twp

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

(c) Name of hospital or institution: Ryan Hospital ()

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglass 34

(c) City or town Mtn Grove (rural) 0

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Sarah Jane Hale

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 19 (Day) 1859 (Year)

8. AGE: Years 83 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business –

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace – (City, town, or county) 9 (State or foreign country)

16. (a) Informant Harrison Fisher

(b) Address Kansas City Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 3, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Plesant Hill Cemetery

18. (a) Signature of funeral director Geo. Stapp

(b) Address Mountain Grove Mo

19. (a) 7/9/42 (Date received local registrar) (b) Ruby H Pessy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1942 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 6/25, 1942, to 7/2, 1942, that I last saw her alive on 7/1, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Fractured hip & internal injuries

Due to Fall

Due to 186a

Other conditions (Include pregnancy within 3 months of death) 18

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) accidental

(b) Date of occurrence 6/25-42 114

(c) Where did injury occur? in her home (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? Walking (e) Means of injury Fall

23. Signature R A Ryan (M. D. or other)

Address Mtn Grove Date signed 7/8-42

104 (1) (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 742-949
Date Filed JUL 11 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 Gene Stapp

Licensed Embalmer No. 3161

P. O. Address Mtn Grove 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.