

No. 2
-1-4-41
5-17-39
I X26390

FILED AUG 13 1942

Registration District No. 8

Primary Registration District No. 1001

Registrar's No. 730

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs
(Specify whether years, months or days)

In this community 6 hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. St Joseph Hospital
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Cynthia Lou Hale

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased July 7 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

6 hr 05 min

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

10. Usual occupation new Born

11. Industry or business

12. Name William Dorat Hale

13. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)

14. Maiden name Betty Jo Hurst

15. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Betty Jo Hale

(b) Address 2407 Jackson

17. (a) Burial (b) Date thereof July 8 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Flanagan, Thomas

(b) Address St Joseph, Missouri

19. (a) 7-8-42 (b) Rose Hegoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1942 hour 2 minute 05 P. M.

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

Immediate cause of death Abelctasis - Prolonged labor - R.O.P.

Due to Abelctasis - Prolonged labor - R.O.P.

Due to —

Other conditions (include pregnancy within 3 months of death) 161a

Major findings: Of operations —

Of autopsy —

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? —

While at — (Specify type of place) (e) Means of injury —

23. Signature Frank Holman (M. D. number) —

Address 620 Monroe Date signed 7/8/42

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

11
1
7

1233

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.....

John H. Hurley

Licensed Embalmer No..... *4250*

P. O. Address..... *St. Joseph, 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.