

FILED AUG 13 1942

State File No. \_\_\_\_\_

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 693

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

11  
1  
7

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph

(c) Name of hospital or institution: Missouri Meth. Hosp 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days  
(Specify whether years, months or days)

In this community 25 Years  
(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. 2602 Mary  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Helen L. Hale

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Eldred Hale

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Sept 24 1904  
(Month) (Day) (Year)

8. AGE: Years 34 Months 9 Days 10

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Holt Co. Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ransom S Hodzins

13. Birthplace Harrison Co. Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Casebolt

15. Birthplace Harrison Co. Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Eldred Hale

(b) Address 2602 Mary, St Joseph

17. (a) Burial (b) Date thereof 7/6/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address 1946 Calhoun

19. (a) 7-6-42 (b) Rose Herzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
year 1942 hour 7 minute 10 P M.

21. I hereby certify that I attended the deceased from July 2 1942 to July 4 1942  
that I last saw her alive on July 4 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Rheumatic Heart disease  
Mitral INSUFFICIENCY  
Nephritic Chr.

Due to \_\_\_\_\_

Other conditions: 1318  
(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) \_\_\_\_\_

(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)

(b) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD

Address St Joseph Mo Date signed July 6 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: \_\_\_\_\_

*Robert L. Maple*

Licensed Embalmer No. 3308

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.**