

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

1. PLACE OF DEATH: (a) County Dryroll
 (b) City or town Hale, Mo.
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 50 yrs
 years, months or days)

3. (a) PRINT FULL NAME Reta Louise Damp
 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 married
 6. (b) Name of husband or wife J.E. Damp 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 9 1862
 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation house wife

11. Industry or business _____

12. Name James Madison O'Dell
 13. Birthplace North Carolina
 (City, town, or county) (State or foreign country)

14. Maiden name Mary E. Jones
 15. Birthplace North Carolina
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Brown
 (b) Address Hale Mo

17. (a) Burial (b) Date thereof July 10 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hale Cemetery

18. (a) Signature of funeral director Frank E. Slater
 (b) Address Hale Mo

19. (a) July 10 42 (b) Mrs. Edgar Smith
 (If received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 17
 (a) State Missouri (b) County Canon
 (c) City or town Hale 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
 year 1942 hour 4 minute 00 P.M.
 21. I hereby certify that I attended the deceased from June 28
 _____, 1942, to July 8, 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 Cerebral hemorrhage
 Due to arterio-sclerosis
 Duration about two weeks

Due to _____
 Other conditions 830'
 (Include pregnancy within 3 months of death)

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 _____

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) (e) Means of injury _____

23. Signature Dr. Alvin A. Walsh (M. D. or other) DO.
 Address Hale, Mo Date signed 7-9-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-5-42

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Frank E. Slater

Licensed Embalmer No. _____

937

P. O. Address _____

Hal 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.