

51
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural (Kingsville Twp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community 15 years

3. (a) PRINT FULL NAME Craig C. Hale

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race cauc

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

6. (b) Name of husband or wife Mattie V. Hale

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 20, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	4	2	hr. min.

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

10. Usual occupation Farmer

11. Industry or business on farm

MOTHER FATHER { 12. Name Alexander Hale

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

14. Maiden name Martha Modena

15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie V. Hale

(b) Address Holden, Missouri

17. (a) Burial (b) Date thereof Sept 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri

19. (a) Sept 7, 26 (b) Mrs Frank Morrie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 4 1/2 Miles Southwest of Holden
(If rural, give location)

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

If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22
year 1942 hour 11:15 minute A.M.

21. I hereby certify that I attended the deceased from did not attend 19____, to 19____; that I last saw him dead on 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Crushed chest from kick of horse over the heart

Due to _____

Due to _____

Other conditions 1758-6
(Include pregnancy within 3 months of death)

Major findings: 3
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 051

(b) Date of occurrence September 22, 1942

(c) Where did injury occur? on farm, Holden, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm

While at work? yes (Specify type of place) (e) Means of injury horse kick

23. Signature Edward Anderson (M. D. & Coroner)

Address Holden, Missouri Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

State of Iowa Officer No. 8,

State File Number _____

Date Filed 10-9-42

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: Samuel B. Ropp

Licensed Embalmer No. 4044

P. O. Address Holder, 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.