

Registration District No. 167

Primary Registration District No. 4255

Registrar's No. 51

51
00

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

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
/ not hospitalized
(If not in hospital or institution, write street number or location)

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

In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson *51*

(c) City or town Kingsville *0*
(If outside city or town limits, write "RURAL")

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX *0*

3. (a) PRINT FULL NAME Hanna Mahala Hale

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race cauc

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

6. (b) Name of husband or wife John A. Hale

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

7. Birth date of deceased August 16 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>1</u>	<u>29</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business at home

12. Name Daniel Koch

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

14. Maiden name Sarah Cox

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

16. (a) Informant Mrs. J. E. Burreis

(b) Address Route #1, Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof Oct 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluff Springs Cem

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

(b) Address Holden, Missouri

19. (a) Oct 23 (b) Mrs. Frank Morris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1942 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from July 20 1942 to Oct 5 1942
that I last saw her alive on 5th Oct 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Endocarditis

Due to Chronic Myocardial
Degeneration

Other conditions (Include pregnancy within 3 months of death)

Major findings: 918

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?
(Specify type of place)

While at work? (Specify type of place)

23. Signature James M. Lohmberg M. D. or other) Do
Address Holden Date signed 10-15-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-9-42

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 W. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.