

S. No. 2
DM-5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40649

State File No. _____

FILED JAN -9 1943
Registration District No. 181

Primary Registration District No. 5406

Registrar's No. 79

1. PLACE OF DEATH:

(a) County. Douglas
(b) City or town. Ava Lincoln
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Douglas
(c) City or town: Ava Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Belle Garrison Hale

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife W. R. Hale 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 6 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 25 hr. _____ min.

9. Birthplace Mt. Home, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name J. P. M. Norman
13. Birthplace Unknown Georgia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellison
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Neal Harrison
(b) Address Ava, Mo.

17. (a) Burial (b) Date thereof 12-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arden
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 1-5-43 (b) Shelma S. Waters
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1
year 1942 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 1939 to Dec 1 1942
that I last saw him alive on Dec 1 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Atherosclerosis

Due to arteriosclerotic hypertension of vessels

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a

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? _____

(Specify type of injury) _____ While at work? _____ (e) Means of injury _____

23. Signature R.H. Norman (M. D. or other) _____
Address Ava, Mo. Date signed 12/3/42

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

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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..... *V. H. B. Hutchinson*

Licensed Embalmer No. *3431*

P. O. Address..... *Orlando, 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.