S. No. 2
M—1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25513

Registration District No. 815

Primary Registration District No. 5783

Registrar's No.

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Rural — [illegible]
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller
(c) City or town 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 Henry Eli Hale
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nancy Hale
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) 16 (Day) 1850 (Year)

8. AGE: Years	Months	Days	If less than one day
93	8	18	hr. min.

9. Birthplace Osage County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Joe Hale
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marie Glasco
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Roe Hale
(b) Address Dixon, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/1943 (Month) (Day) (Year)
(c) Place: burial or cremation Freedom Cemetery
18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Missouri
19. (a) June 5-43 (Date received local registrar) (b) Jessie Perkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 3 year 1943 hour 8 minute 5 P.M.
21. I hereby certify that I attended the deceased from 3/15/43 to 6/3/43, 19..; that I last saw him alive on 6/2/43, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	2 days
Due to: 108	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cerebral hemorrhage; arteriosclerosis; Prostate Hypertrophy	1 mon 12 days

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 place)
While at work? (e) Means of injury

23. Signature W. A. Gould (M. D. or other) D.O.
Address Aurora Mo Date signed 6/6/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 43-55
Date Filed 7-16-43

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 ..... June 4 43, Registered Apprentice No. ....., working under my personal supervision.

Signed Fred W. Gillery

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.