

S. No. 2
OM-2-43
5-17-39
I X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39902
State File No. 10826
Registrar's No.

FILED DEC 22 1943

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Frisco Hospital
(d) Length of stay: In hospital or institution 4 weeks
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 831 West Thoman
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME James H. Hale
(b) If veteran, name war Unknown
(c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 7 year 1943 hour 11 minute 45 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Loraine Hale
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased February 10, 1898

21. I hereby certify that I attended the deceased from Nov 7 - 1943 to Dec 7 - 1943 that I last saw him alive on Dec 7 - 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 9 Days 27

Immediate cause of death: Adeno-Carcinoma ascending colon
Due to
Other conditions: None
Major findings: Tumor ascending of colon - resected

9. Birthplace Rogerville, Missouri
10. Usual occupation Machinist
11. Industry or business Frisco Railroad

MOTHER FATHER
12. Name William A. Hale
13. Birthplace Unknown
14. Maiden name Lena Poyner
15. Birthplace Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Springfield, Missouri
(b) Address Removal
17. (a) (b) Date thereof 12/7/43
(c) Place: burial or cremation Springfield, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd
19. (a) DEC 8 1943 (b) J. F. Bruden (Registrar's signature)

23. Signature E. M. [unclear] (M. D. or other)
Address 4960 Laclede St. St. Louis Date signed 12/7-43

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

DEC 27 1943

10826
9280T

10826
9280T

NOV 24 1944

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 *Albert G. Hoffe*.....

Licensed Embalmer No. *2971*.....

P. O. Address.....

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.