

FILED FEB 8 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1728 E 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether
In this community life years, months or days)

3. (a) PRINT FULL NAME John Thomas 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 married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Oct. 3 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Springfork Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Jessie J Hale

MOTHER FATHER { 12. Name Jessie J Hale
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Black
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Christina Hale

(b) Address Sedalia Mo.
burial (b) Date thereof Jan. 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park.

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.

19. (a) Jan 27-44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1728 E 6
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th year 1944 hour 9:20 P minute _____ M.

21. I hereby certify that I attended the deceased from About one year to Jan 25th 1944
that I last saw him alive on Jan 25th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration Over one year -

Due to Arteriosclerosis
Due to _____

Other conditions none (Include pregnancy within 3 months of death) 93d

Major findings: Of operations none
Of autopsy none
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) NW
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? _____ (Specify type of place) (e) Means of injury MI
23. Signature Dr B. Oullette M.D. (M. D. or other) M.D.
Address Sedalia Mo. Date signed 1-27-44

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

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 2-4-47

MAY 8 1953

MAY 6 1953

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.