S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13694

Registrar's No. 1823

FILED MAY 5 1944

Registration District No. 5

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none 920 Wyandotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 920 Wyandotte
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

3. (a) PRINT FULL NAME: Wesley F Hale
3. (b) If veteran, name war: none
3. (c) Social Security No.: 487-43-7189

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec (Month) 10 (Day) 1916 (Year)

8. AGE: Years 27 Months 2 Days 15 If less than one day hr. min.

9. Birthplace: Kansas city (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: Mechanic
11. Industry or business: Mechanic

FATHER
12. Name: Frank Hale
13. Birthplace: (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Cooper
15. Birthplace: White Cloud Kan (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Effie Smith
(b) Address: Cap Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Springs Mo

18. (a) Signature of funeral director: [illegible]
(b) Address: 3146 [illegible]

19. (a) 4-26-44 (Date received by local registrar) (b) T. E. Brown (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1944 hour 8:00 minute a. M.

21. I hereby certify that I attended the deceased from Deputy to Coroner, 19..; that I last saw h.. alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute carbon monoxide intoxication — Duration
Due to: Running car motor
Due to:
Other conditions (Includes pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy: See above

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): suicide
(b) Date of occurrence: 4/25/44
(c) Where did injury occur? K.C. Jackson Co. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 305 Delaware, Cr Porson (Specify type of place)
While at work? no (e) Means of injury: gas
23. Signature: [illegible] M.D.
Address: 93 [illegible] Date signed: 4/25/44

MAY 17 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: Thos J Steinbacher

Licensed Embalmer No. 3920

P. O. Address K C 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.