

FILED JUL 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21634

State File No.

Registration District No. 137

Primary Registration District No. 5519

Registrar's No. 101

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town which Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: which Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 6 yr.
years, months or days)

3. (a) PRINT
FULL NAME

Samuel J. Hale

3. (b) If veteran,
name war ✓

3. (c) Social Security
No. ✓

4. Sex M

5. Color or
race W

6. (a) Single, widowed, married,
divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive ✓ years

7. Birth date of deceased 1 - 19 - 1866
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

78

4

21

hr.

min.

9. Birthplace

Pa

(City, town, or county)

Denma

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name

J. C. Hale

13. Birthplace

Denma

(City, town, or county)
(State or foreign country)

14. Maiden name

Jane Bruner

15. Birthplace

Denma

(City, town, or county)
(State or foreign country)

16. (a) Informant

Mrs. H. K. Kelsey

(b) Address

which Rural

17. (a)

Burial

(b) Date thereof

June 11, 1944
(Month) (Day) (Year)

(c) Place of burial or cremation

My Pleasant Cemetery

18. (a) Signature of funeral director

W. H. Kelsey

(b) Address

Clinton Mo

19. (a)

June 19, 1944

(b)

Georgia Kitchener

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County HENRY
(c) City or town 4 1/2 North + W which Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10
year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1.50 1944 to June 10 1944
that I last saw him alive on June 8 1944
and that death occurred on the date and hour stated above.
Immediate cause of death myocarditis
for 5 or 6 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature J. W. Greenleaf (M. D. or other)

Address Clinton Mo Date signed 6-10-44

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

RECEIVED

District Health Officer No. 71

District File Number

6-44-817

Date Filed

7-12-44

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

Gray I. Wilkerson

Licensed Embalmer No.

4360

P. O. Address

Clinton 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.