

FILED OCT 19 1944  
Registration District No. 68

Primary Registration District No. 5256-4119

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Ozark Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Virginia Lee Hale

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug 17 1944  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				hr. <u>30</u> min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Homer Hale

13. Birthplace Mo. D  
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Davis

15. Birthplace Mo. D  
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Hale

(b) Address Oxford Mo.

17. (a) Burial (b) Date thereof Aug 18 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bremer Cemetery

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo.

19. (a) Sept 5-1944 (b) Mabel Mages  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Oxford Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. None  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17  
year 1944 hour 3:15 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 17  
12:30 Pm 1944 to Aug 17 5:15 1944  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Presature  
Birth at 5 1/2 months  
Excess Cause unknown  
Due to Lack of incubator  
and proper care

Due to \_\_\_\_\_

Duration

3 hrs

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 statistically.

22. If death was due to external causes, fill in the following:

(c) 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) (c) Means of injury \_\_\_\_\_

23. Signature R. P. Forthing (M. D. or other) \_\_\_\_\_

Address apt 23 (1944) Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 6,

District File Number 1044-1047

Date Filed OCT 16 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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Orank 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.