S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6849

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 50

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 6 YEARS

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. Route # 4
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Henry C. Hale

3. (b) If veteran, name war SPANISH AMERICAN

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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 10 - 17 - 1878 (Month) (Day) (Year)

8. AGE: about 65 Years 66 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace PETTIS Co. (City, town, or county) MO. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business FARMER

MOTHER FATHER

12. Name Pat J. J. HALE

13. Birthplace PETTIS Co. Mo. (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 J. R. STEVENS

(b) Address RTE 4 SEDALIA

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-1945 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Gillespie

(b) Address Sedalia Mo.

19. (a) 2/15/1945 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14th. year 1945 hour 9:30 minute M.

21. I hereby certify that I attended the deceased from Feb. 10 - 45 to Feb. 14 1945 that I last saw him alive on Feb. 14 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure — Duration

Due to

Due to

Other conditions Stone in the Bladder
(Include pregnancy within 3 months of death)
Probably Maliglency

Major findings:
Of operations

Of autopsy 134 h

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J E Mitchell (M. D. or other)

Address Sedalia Mo Date signed Feb 14

1622 (Licensed Embalmer's Statement on Reverse Side) 40

RECEIVED
District Health Officer No. 8,
3-8-45

MAY 4 1945

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 L. E. Boulelin

Licensed Embalmer No. 3867

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.