

FILED AUG 31 1945

State File No. \_\_\_\_\_

Registration District No. 224

Primary Registration District No. 8046

Registrar's No. 263

1. PLACE OF DEATH:

(a) County Monroe County  
(b) City or town California  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Nathan Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114  
(c) City or town Hartville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Henry Hake

3. (b) If veteran, name war No 3. (c) Social Security No. 556-09-2179A

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Etta Hake 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Jan. 10 1878  
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Wright Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Oil Worker

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

MOTHER FATHER { 12. Name George Hake  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Box  
15. Birthplace Wright Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maicie Stone  
(b) Address Hartville, Mo

17. (a) Burial (b) Date thereof 8-21-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hartville

18. (a) Signature of funeral director Hedden James Hake  
(b) Address Hartville, Mo

19. (a) 8-20-45 (b) W. J. Allen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19 year 1945 hour 06 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Aug 1, 1945, to Aug 19, 1945; that I last saw him alive on Aug 19, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 hr

Due to Generalized Arteriosclerosis 10 yrs

Due to \_\_\_\_\_  
Other conditions (none)  
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation  
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) \_\_\_\_\_  
(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? \_\_\_\_\_

23. Signature L. L. Latham (M. D. certificate) \_\_\_\_\_  
Address California, Mo Date signed 8-20-45

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

SEP 27 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

*Hugh E. Williams*

Licensed Embalmer No.

*3537*

P. O. Address

*California 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.**