

S. No. 2
M-5-43
5-17-39
I X36671

FILED APR 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. 10159

Registration District No. 217

Primary Registration District No. 3045-5787

Registrar's No. 32

1. PLACE OF DEATH:
 (a) County Mississippi
 (b) City or town Charleston, Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 2 days
 years, months or days

3. (a) PRINT FULL NAME Allen Randall 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 Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 3 1946
 (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Leo Hale
 13. Birthplace Mill Creek Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Scenalee Chandler
 15. Birthplace Obion, T Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant Leo Hale
 (b) Address Charleston, Missouri.

17. (a) Burial (b) Date thereof 3-6-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director [Signature]
 (b) Address Charleston Mo

19. (a) 3-23-46 (b) Mrs. John B. Bondurant
 (Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mississippi
 (c) City or town Charleston, Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Buntin Rd, 3rd house, N Hy60
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
 year 1946 hour 2 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Mar 3, 1946 to Mar 5, 1946
 that I last saw him alive on Mar 5, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Collapse & hro.
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____

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?

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature [Signature] (Physician)
 Address Wyaatt, Mo Date signed 3-28-46

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

9081

1946

RECEIVED

District Health Office No. 2,

District File Number 446-452

Date Filed 4-4-46

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.

not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.