

S. I. M-2-43 5-17-39 1. X35637

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11913

State File No. ....

Registrar's No. 20

FILED APR. 6 1946

Registration District No. 217-334

Primary Registration District No. 5-7-8-7617

10824  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Charleston (rural)

(c) Name of hospital or institution: R#2  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Charleston, (rural)

(d) Street No. R#2 (If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME William Zedrick Hale

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race White 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: January 18th 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>0</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Farmer (retired)

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

12. Name Frank Hale

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

14. Maiden name Margie Wyatt,

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

16. (a) Informant Dallas Hale

(b) Address R#2 Charleston, Mo.

17. (a) Burial (b) Date thereof 1-27-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, Charleston

18. (a) Signature of funeral director John G. Funnelle Jr

(b) Address Charleston, Mo

19. (a) 3-6-46 (b) Mr. John Burdumal  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 26th  
year: 1946 hour: 10 minute: 40 A.M.

21. I hereby certify that I attended the deceased from Nov 3-45  
Jan 10, 1946, to Jan 10, 1946  
that I last saw him alive on Jan 10, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Epithelioma Back

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

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

Other conditions: Senility  
(Include pregnancy within 3 months of death)

Major findings: 5/5  
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:

(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 C. C. Presnell (M. D. or other) \_\_\_\_\_

Address: Charleston Mo Date signed: 1-11-46

304

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Office No. 2,  
District File Number 446-426  
Date Filed 4-4-46

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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 John F. Munroe Jr  
Licensed Embalmer No. 3851  
P. O. Address Charleston, 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.**