

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

State File No. 17365
Registrar's No. 183

FILED JUN 12 1946

Registration District No. 209 Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 4 Longs Rest Home
7730 Market
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 3701 Market Longs Rest Home
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Hale

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Katherine Painter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 11, 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1946 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1944 to 5-17 1946 that I last saw him alive on 5-17 and that death occurred on the date and hour stated above. Duration 1 1/2

Immediate cause of death Cerebral Thrombosis

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

85	3	6	hr. _____ min.
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Due to arterio sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retierd

11. Industry or business XX

MOTHER FATHER

12. Name Milton Hale

13. Birthplace No record (City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record (City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations 97

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Ernest Hale

(b) Address 7732 Market, Hannibal

17. (a) Burial (b) Date thereof 5/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Santa Fe Missouri

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 5-18-46 (b) W. E. M. Lucke
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) no

(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 W. E. M. Lucke (M. D. or other) _____
Address Hannibal Mo Date signed 5-17-46

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

4
3
4

64
3
4
6

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..... *Crawford Smith*

Licensed Embalmer No..... 7814

P. O. Address..... Hennibal Missouri

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.