

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 3 1946

Registration District No. 270

Primary Registration District No. 6251

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Wayne

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 49 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 111

(c) City or town Wappapello Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

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

3. (a) PRINT FULL NAME Nora Florence Hale

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

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

6. (b) Name of husband or wife John E Hale 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept 23 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 9th
year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 1 1946 to Apr 9th 1946
that I last saw her alive on April 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis years?
Duration _____

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

53 6 16 hr. _____ min. _____

9. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER { 11. Industry or business _____

12. Name Jess Thrasher

13. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Casey

15. Birthplace Mo 11
(City, town, or county) (State or foreign country)

16. (a) Informant John Hale
(b) Address Wappapello Mo

17. (a) Burial (b) Date thereof Apr. 12 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion

18. (a) Signature of funeral director Floyd Morgan
(b) Address Paris Mo

19. (a) Mabel Beady May 10th - 46
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: 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 A. B. Breshers M. D. MD
Address 321 Oak St Poplar Bluff Mo signed 6 May 46

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

341.

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..... *Lloyd S Morgan*

Licensed Embalmer No. *6631*

P. O. Address *Advance 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.**