

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20294
Registrar's No. 2836

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K. E. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1214 E. 10th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 77 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town K. E. Missouri 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1214 E. 10th St. K.E. 8
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter A. Hare
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 26
year 1946 hour 9 minute 20 A.M.
21. I hereby certify that I attended the deceased from 6-25-46
2 in 19 to 6-26-46 in 19
that I last saw him alive on 6-25-46
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lula May Hare
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 8 1857
(Month) (Day) (Year)

Immediate cause of death:
Generalized arteriosclerosis
Cerebral arteriosclerosis
Cerebral hemorrhage
Duration _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
89 3 18 hr. _____ min.

9. Birthplace Louisville Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Photographer

11. Industry or business Retired

12. Name Franklin Hare

13. Birthplace Unknown Penn
(City, town, or county) (State or foreign country)

14. Maiden name Martha Beuthreum

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Pat J. New

(b) Address 914 Cherry - K.E. Mo.

17. (a) Burial (b) Date thereof June 26, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn - Indep.

18. (a) Signature of funeral director Ott Mitchell
(b) Address 3107 N. Main - Indep. Mo.

19. (a) 6-26-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: 83 a
Of operations _____
Of autopsy _____

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 Pat J. New (M. D. or other) _____
Address 15 Poplar Bluff Date signed 6-26-46

(Licensed Embalmer's Statement on Reverse Side)

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

19167

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Henry S. Mitchell

Licensed Embalmer No. 3925-

P. O. Address Indep. 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.