S. No. 2
M—5-43
. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

30688

State File No.

FILED OCT 31 1946

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Min. (Specify whether years, months or days)
In this community 7 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 3302 Jackson 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Noah Earl Hale
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Sadie Hale
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 29 1877 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 69 | 9 | 24 | hr. min. |

9. Birthplace (City, town, or county) England 4 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name James Hale 4
13. Birthplace (City, town, or county) England 1 (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) England 4 (State or foreign country)
16. (a) Informant Mrs. Margaret Dugger
(b) Address Chattanooga, Tennessee
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation Chattanooga, Tenn.
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin Joplin, Mo.
19. (a) 9-24-46 (Date received local registrar) (b) Cos Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1946 hour 9:30 minute P. M.
21. I hereby certify that I attended the deceased from Aug 1946, 19..; that I last saw him alive on ..., 19..; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary Occlusion | |
| 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.

Coroner's Investigation

94A

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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature N. A. Heckel (M. D. or other)
Address 214 Joplin Date signed 9-22-46

138 (Licensed Embalmer's Statement on Reverse Side)

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

29330

46-9-837

## 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**