

FILED DEC 11 1946

Registration District No. **101**

Primary Registration District No. **5404**

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

1. PLACE OF DEATH:

(a) County **Douglas**
(b) City or town **Seymour Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Edith S. Hale**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

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

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

7. Birth date of deceased **February 19, 1863**
(Month) (Day) (Year)

8. AGE: Years **83** Months **8** Days **16** If less than one day
..... hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **K. Smith** 9
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Jane Takoo**
15. Birthplace **Canada** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Rita Breedlove**

(b) Address **Humbersly Lake R 2**

17. (a) **Burial** (b) Date thereof **11-9-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dogwood**

18. (a) Signature of funeral director **Clinkingbeard Funeral Home**

(b) Address **Ava, Missouri**

19. (a) **12-5-46** (b) **Wesley Bushman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas** 34
(c) City or town **Seymour Rural** 0
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 4,** 0
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **5**
year **1946** hour **11** minute **10 A.** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pharyngitis - Hypostyle** 3 Day
Chronic Myocarditis

Due to.....
Due to.....

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

Major findings: **A3D**
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?
..... (Specify type of place)
While at work?..... (e) Means of injury.....

23. Signature **W.C. Gentry** (M. D. or other)
Address **Dogwood, Mo.** Date signed **11-9-46**

RECEIVED

District Health Officer No. 6;

District File Number 1246-1218

Date Filed DEC. 9 1946

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 H. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Ara 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.