

FILED DEC 23 1946
Registration District No. **120**

Primary Registration District No. **4195**

Registrar's No. **111**

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

1. PLACE OF DEATH:
 (a) County Gentry
 (b) City or town Gentry
(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 life
years, months or days)

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

3. (a) PRINT FULL NAME CLINTON BARLOW HASH Jr.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 30
 year 1946 hour 1 minute 50 A.M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Annie M. 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased Aug. 7 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Feb 10 1945 to Nov 30 1946
 that I last saw him alive on Nov 30 1946
 and that death occurred on the date and hour stated above.

8. AGE:			If less than one day
Years	Months	Days	
<u>68</u>	<u>3</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death
Carcinoma of Glands
7 Throats of Glands
 Duration 6 months

9. Birthplace Gentry Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation mail carrier
 11. Industry or business retired

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings of operations 45F
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name Clinton B. Hash Jr.
 13. Birthplace Grayson Co. Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Nickettie Claypool
 15. Birthplace Burkie Garden, Virginia
(City, town, or county) (State or foreign country)

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? _____

(a) Informant Mrs C. B. Hash
 (b) Address Gentry Mo
 17. (a) burial (b) Date thereof Dec. 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Knox cemetery
 18. (a) Signature of funeral director Charles W. Williams
 (b) Address Albany Mo
 19. (a) Dec. 11 1946 (b) Annes W. Miller
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
 Means of injury _____
 23. Signature Charles W. Williams (M. D. or other) DO
 Address Gentry Mo Date signed 12-9-46

JAN 30 1947

AUG 1 1 1958

FEB 2 1958

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clifford Brooks
Licensed Embalmer No. 3329
P. O. Address Albany 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.