

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43641**
Registrar's No. **2**

Registration District No. **316**

Primary Registration District No. **6074**

1. PLACE OF DEATH:

(a) County **ST. FRANCOIS**
(b) City or town **DESLOBE, MO.**
(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 _____ years, months or days

3. (a) PRINT FULL NAME **ADA LA. VERNIE HAILE**
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 **JERRY ERAI HAILE** 6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **JAN. 11 1914**
(Month) (Day) (Year)

8. AGE: Years **32** Months **11** Days **20**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **HOUSE WIFE**

11. Industry or business **HOME**

MOTHER FATHER

12. Name **WILLIAM E. JONES**
13. Birthplace **WASHINGTON Co. MO.**
(City, town, or county) (State or foreign country)
14. Maiden name **MARIE JANE DENT**
15. Birthplace **Washington County, MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **JERRY E. HAILE**
(b) Address **DESLOBE, MO.**

17. (a) **BURIAL** (b) Date thereof **1-3-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PARK VIEW**

18. (a) Signature of funeral director **C. J. Sawyer**
(b) Address **DESLOBE, MO.**

19. (a) **1-13-47** (b) **Esther Rudloff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **ST. FRANCOIS**
(c) City or town **DESLOBE, MO.**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER**, day **31**
year **1946** hour **1** minute **5PM.**

21. I hereby certify that I attended the deceased from **Nov. 13** 19**46** to **Dec. 31** 19**46**
that I last saw h. **in** alive on **Dec 30,** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Brown tumor**
Due to **Metastasis from Carcinoma of Breast**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration **?**

Major findings: Of operations **50**
Of autopsy _____
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) _____ Means of injury **0**
25. Signature **H. C. Shephard** (M. D. or other)
Address **21st Street, Mo.** Date signed **1-7-47**

289

RECEIVED

Sanitary Health Officer No. 4
File Number 147-122
Date Filed 1-20-47

JUN 20 1955

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 D. T. Lauer
Licensed Embalmer No. 3660
P. O. Address Desloge, 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.