S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28328

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 26

1. PLACE OF DEATH:
(a) County: Madison
(b) City or town: Fredericktown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Loughborough St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Madison 6
(c) City or town: Fredericktown 1
(If outside city or town limits, write "RURAL")
(d) Street No.: Loughborough St. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country: ____

3. (a) PRINT FULL NAME: Thomas Benton Hale
3. (b) If veteran, name war: ____
3. (c) Social Security No.: ____
4. Sex: Male 1
5. Color or race: White
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~: married
6. (b) Name of ~~husband or~~ wife: Ollie Hale
6. (c) Age of ~~husband or~~ wife if alive: 64 years
7. Birth date of deceased: Oct. (Month) 18 (Day), 1873 (Year)

8. AGE: Years 73 | Months 10 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace: Marguand (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Tie inspector
11. Industry or business: Railroad Ties
FATHER
12. Name: Wash. Hale
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Skaggs
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Maude Proffer
(b) Address: Fredericktown, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation: New Masonic Cemetery
18. (a) Signature of funeral director: Webb-Adamson
(b) Address: Fredericktown Mo.
19. (a) 8-27-1947 (Date received local registrar) (b) Florence Beeler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1947 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from 8-23 1947 to 8-23 1947 that I last saw him alive on 8-23 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	4 hours
Due to: Hypertension & valvular heart trouble	1 yr
Due to:	
Other conditions: Gastric ulcers (Include pregnancy within 3 months of death)	?

Major findings:
Of operations: 0
Of autopsy: 0

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: 0

23. Signature: W Harry Barron (M. D. or other)
Address: Fredericktown Mo Date signed 8/25 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 947-1136
Date Filed 9-4-47

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 L. Pelham Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.