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X47370

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

FILED JAN 12 1948

Registration District No. **44**

Primary Registration District No. **4060**

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Breckenridge
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXX (Specify whether years, months or days)

In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Breckenridge
(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: John W. Hale

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ella V. Early

6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased Feb 2 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>92</u>	<u>10</u>	<u>17</u>	<u>XX</u> hr. <u>XX</u> min.

9. Birthplace Davies County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming and Mining

11. Industry or business _____

12. Name William Hale

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Susan V. Poole

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Hale

(b) Address Pocatello, Idaho.

17. (a) Burial (b) Date thereof Dec. 23, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lick Fork Cem. Davies

18. (a) Signature of funeral director Bram Funeral Home

(b) Address Hamilton Mo

19. (a) Dec 31 1947 (b) Mrs. Nell B. Jones
(Date received local referral) (Registrar's signature) 372

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. "DATE OF DEATH" Month December day 19th.
year 1947 hour 4 minute 55 A. M.

21. I hereby certify that I attended the deceased from Aug 7 to 19, 1947
that I last saw him alive on Dec 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Other conditions Cordis Renal
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? Co. Mo.

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature E. A. Thompson (M. D. or other) _____

Address Breckenridge Mo Date signed 12/23/47

Duration 3 days

PHYSICIAN 27r

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

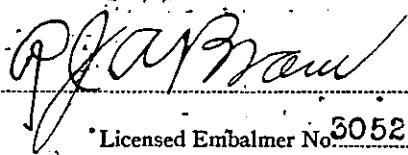
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

R. Lester Bram, Registered Apprentice No. 456

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3052

P. O. Address Hamilton, 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.