

S. No. 2
M-8-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44032

State File No. _____

FILED DEC 17 1947 *3/1*

Registration District No. _____

Primary Registration District No. *6227*

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Deerfield (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 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 77 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Deerfield (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1947 hour 8 minute 34 P. M.

21. I hereby certify that I attended the deceased from Nov 22
1946 to Dec 3 1947
that I last saw her alive on Dec 3 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage Duration 6 hrs

Due to Arterio Sclerosis
Due to _____

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

Major findings:
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address St Scott Kan Date signed 12-11

3. (a) PRINT FULL NAME Dona Lee Hale

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 Widowed
6. (b) Name of husband or wife Wm H. Hale 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 3, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 3 6 _____ hr. _____ min.

9. Birthplace Greensburg, N. C.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Clark Wright
13. Birthplace N. C.
(City, town, or county) (State or foreign country)
14. Maiden name Lou Couch
15. Birthplace N. C.
(City, town, or county) (State or foreign country)

16. (a) Informant Family Records

(b) Address Deerfield, Mo

17. (a) Burial (b) Date thereof 12-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerfield, Mo. Cem.

18. (a) Signature of funeral director Konantz Mortuary

(b) Address Fort Scott, Kansas

19. (a) 12-12-1947 (b) Mrs W.C. Graves
(Date received local registrar) (Registrar's signature) UTMA

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

RECEIVED
District Health Officer No. 7,
District No. 11-47-145-0
District File Number
Date filed 12-17-47

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 *[Signature]*
Licensed Embalmer No. 2080
P. O. Address Box 283 Ft. Smith, Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes ground for revocation of license.)

If this body is not embalmed, fact should be so stated above.