

FILED FEB 16 1948

Registration District No. 164

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1595

Primary Registration District No. 3077

Registrar's No. 12

1. PLACE OF DEATH:

(a) County: Johnson
(b) City or town: Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: on Public Street 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days) 3 years

3. (a) PRINT FULL NAME: MATTIE VIRGINIA HALE

3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Craig C Hale
6. (c) Age of husband or wife if alive: decd years
7. Birth date of deceased: Jan 3 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 29 If less than one day hr. min.

9. Birthplace: Holden, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: at home

MOTHER FATHER

11. Industry or business:
12. Name: Edward Speer
13. Birthplace: Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Bell
15. Birthplace: unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Homer Cone
(b) Address: 408 Sprauer Warrensburg Mo
17. (a) Burial, cremation, or removal: burial
(b) Date thereof: 2-4-48
(Month) (Day) (Year)
(c) Place: burial or cremation: Holden, Mo

18. (a) Signature of funeral director: Conrad Klapp
(b) Address: Holden, Mo
19. (a) Feb 2 1948 (Date received local registrar)
(b) [Signature] (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Johnson
(c) City or town: Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No.: 108 Madison
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 2
year: 1948 hour: 3 minute: P M.

21. I hereby certify that I attended the deceased from 2 1948 to 2 1948; that I last saw him alive on 2 1948; and that death occurred on the date and hour stated above. Duration

Immediate cause of death: My father's heart
Missouri Pacific Ry Co
train in crossing
as I was crossing
at Holden, Mo
at Holden, Mo
at Holden, Mo
Other conditions: abuse of their official
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 76-8
Of operations: 8
Of autopsy: 76-20

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: Feb 2 1948
(c) Where did injury occur: at Holden, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place: In public place
While at work? no (e) Means of injury: collision
Address: Warrensburg Mo Date signed: 2/4/48

51
2
2
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 M. L. Canaday
Licensed Embalmer No. 3434
P. O. Address Holden 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.