

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

22075

State File No. _____

FILED JUL 19 1948

Registration District No. 8

Primary Registration District No. 4021

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Ladonia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence
(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 74 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
 (c) City or town Ladonia
(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 Albert-Benjamin-Hale

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
 year 1948 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 8, 1948, to July 7, 1948;
 that I last saw him alive on July 7, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic
 Duration _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Effie P. Hale 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September-9-1863
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Monta, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name Sylvanus-C-Hale
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name WEEPIN
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant EFFIE-HALE
 (b) Address LADONIA-MO.

17. (a) Burial (b) Date thereof 7-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladonia cemetary

18. (a) Signature of funeral director Clude C. Wilber

(b) Address Persu, Mo.

19. (a) 7-10-48 (b) Martha Manner
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions cardiac asthma Chronic
(Include pregnancy within 3 months of death)

Major findings: Of operations 97D
 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 0

23. Signature W. H. McCall (M. D. or other)

Address Ladonia Mo. Date signed 7-8-48

JUL 20 1948

APR 20 1950

RECEIVED

District Health Officer No. 1

District File Number 7-48-

Date Filed JUL 17 1948

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.....

John F. Ellis

Registered Apprentice No. 494

working under my personal supervision.

Signed *Olyde Wilkey*

Licensed Embalmer No. 3828

P. O. Address *Ferry*

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.