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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26333

Primary Registration District No. 1002

Registrar's No. 3477

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 mins. (Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 309 Garfield 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Clarence J. Hale

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

3. (c) Social Security No.: 499-07-6745

4. Sex: Ma 0

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Divorced 3

6. (b) Name of husband or wife: XX

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

7. Birth date of deceased: July (Month) 23 (Day) 1875 (Year)

8. AGE: Years 73 | Months 1 | Days 0 | If less than one day: hr. min.

9. Birthplace: Yates Center (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation: Salesman

11. Industry or business:

MOTHER FATHER

12. Name: James A. Hale

13. Birthplace: (City, town, or county) Maine (State or foreign country) 1

14. Maiden name: Julia A. McCain

15. Birthplace: (City, town, or county) Maine (State or foreign country) 1

16. (a) Informant: Don A. Short, Dallas, Tex

(b) Address: 640 West Illinois St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-25-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington

18. (a) Signature of funeral director: J M Wagner

(b) Address: Kansas City, Mo.

19. (a) 8-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23 year 1948 hour 10 minute 37 P.M.

21. I hereby certify that I attended the deceased from Aug. 23, 1948 to 8-23, 1948; that I last saw him alive on 8-23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
cerebral vascular accident	
Generalized arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 830
Of autopsy: None

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

23. Signature: Wm W. Hart (M. D. or other)

Address: Med. Dir. Gen'l Hosp. Date signed: 8-24-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hamm

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 Eugene L. Kennon, Registered Apprentice No. 217, working under my personal supervision.

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.