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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 3 1949

DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39727
Registrar's No. 112

Registration District No. 78

Primary Registration District No. 4163

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

1. PLACE OF DEATH
(a) County DAYIESS
(b) City or town JAMESPORT
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 YRS (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County DAYIESS
(c) City or town JAMESPORT
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM H. HALE
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 20
year 1948 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 1, 1948 to Dec 20, 1948
that I last saw him alive on Dec 18, 1948 and that death occurred on the date and hour stated above.

4. Sex M.D. 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY E HALE
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased DEC. 11 1871 (Month) (Day) (Year)

Immediate cause of death Coronary thrombosis
Due to Arteriosclerosis
Duration

8. AGE: Years 77 Months 0 Days 9 If less than one day hr. min.
9. Birthplace OHIO (City, town, or county) (State or foreign country)

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 946
Of autopsy

10. Usual occupation FARMER
11. Industry or business
12. Name JONATHAN HALE
13. Birthplace OHIO (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN (State or foreign country)
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Mary E Hale
(b) Address Jamesport Mo
17. (a) Removal (b) Date thereof 12/20-48 (Month) (Day) (Year)
(c) Place: burial or cremation MAYSVILLE MO
18. (a) Signature of funeral director PICKER FUNERAL HOME
(b) Address MAYSVILLE MO
19. (a) 24 Dec. 1948 (Date received local registrar) (b) Virginia M Englehart (Registrar's signature)

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) (s) Means of injury 2
23. Signature J. B. Bailey (M. D. or other) 100
Address Jamesport Mo Date signed Dec 24 1948

STATEMENT BY LICENSED EMBALMER

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

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *C. P. Tucker*

Licensed Embalmer No. *3960*

P. O. Address *Maple*

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.