

FILED SEP 30 1947

Registration District No. 2023

Primary Registration District No. 2023

Registrar's No. 196

## 1. PLACE OF DEATH:

(a) County: Henry  
 (b) City or town: Clinton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Wagel Memorial Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 2 days Specify whether  
 In this community: 2 days years, months or days

3. (a) PRINT FULL NAME: MACK HATTON HAILS Sr.

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

4. Sex: M 5. Color or race: W  
 6. (a) Single, widowed, married, divorced: Single  
 6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
 7. Birth date of deceased: 9 20 1947  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace: Clinton Mo. (City, town, or county) (State or foreign country)10. Usual occupation: Baby

11. Industry or business: \_\_\_\_\_

12. Name: Mack H. Hails Sr.13. Birthplace: Leeville Mo. (City, town, or county) (State or foreign country)14. Maiden name: Wilma C. Murphy15. Birthplace: Pleasant Hill Mo. (City, town, or county) (State or foreign country)16. (a) Informant: Mack H. Hails Sr.(b) Address: R.R. # 1, Monticello Mo.17. (a) Burial (b) Date thereof: Sept 23, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation: Calhoun Mo.18. (a) Signature of funeral director: William J. Dunning(b) Address: Clinton Mo.19. (a) 9-22-47 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Henry  
 (c) City or town: Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No.: 6 miles West of Depue  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22  
year 47 hour \_\_\_\_\_ minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Birth  
1947 to Sept 22, 1947  
that I last saw her alive on Sept 21, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac infarction  
due to gross mitral  
stenosis (6 months)  
 Due to separation of placenta  
from uterine wall  
 Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Underline the cause of which death should be charged statistically.  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: 159

## 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: W. J. Dunning  
Address: Clinton Mo. Date signed: 9-22-47

RECEIVED  
District Health Officer No. 7,  
District File Number 8-47-1136  
Date Filed 9-29-47

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.....

*Not Embalmed*..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.