

No. 2
-1/47
5-17-39

Primary Registration District No. 4213

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Montrose
(c) Name of hospital or institution in Montrose
(d) Length of stay: In hospital or institution Life
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Montrose
(d) Street No. in Montrose
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME John A Hake
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 28
year 1948 hour 5 minute P M.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced, or married Mary T Hake
6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased 5-9-1885

21. I hereby certify that I attended the deceased from June 27 1948 to June 28 1948
that I last saw him alive on June 28 1948
and that death occurred on the date and hour stated above.
Duration 2 days

Immediate cause of death coronary thrombosis

8. AGE: Years 63 Months 1 Days 19

Due to

9. Birthplace Bates Co Mo

Due to

10. Usual occupation Druggist

Other conditions

11. Industry or business Day Store

Major findings: Of operations

12. Name Henry Hake

Of autopsy

13. Birthplace Montrose Mo

14. Maiden name Mary Fick

15. Birthplace Montrose Mo

16. (a) Informant Mary T Hake
(b) Address Montrose Mo

17. (a) Burial (b) Date thereof 7-1-48
(c) Place: burial or cremation Montrose Cem

18. (a) Signature of funeral director Sickman - Durrin
(b) Address Clinton Mo

19. (a) 6-30-48 (b) W B Kesney

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?
(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

23. Signature W E Baggeley (M. D. or other) M.D.
Address Montrose Mo Date signed 6-29-48

RECEIVED

District Health Officer No. 7

District File Number 6-48-73

Date Filed 7-6-48

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.....

J. R. Housey
.....
Licensed Embalmer No. 3682

P. O. Address Calhoun, 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.