

REVISED OCT 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32860

State File No.

Registration District No. 678

Primary Registration District No. 5904

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town St James
(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 3
(Specify whether

In this community
year, months or days)

3. (a) PRINT FULL NAME John A Hale

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie L Hale 6. (c) Age of ~~husband~~ or wife if alive 33 years

7. Birth date of deceased 5 - 9 - 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 4 8 hr. min.

9. Birthplace Phelps Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Wm R Hale
18. Birthplace St Louis Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Susan Yowell
15. Birthplace Phelps Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie L Hale

(b) Address St James Mo

17. (a) Burial (b) Date thereof 9-19-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adams Cem

18. (a) Signature of funeral director W E Kuehler

(b) Address St James MO

19. (a) 7-20-40 (b) Elsie R Neuld
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps
(c) City or town St James Rural
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17
year 1940 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from 9/16, 1940, to 9/18, 1940;
that I last saw him alive on Aug 18, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cerebral Hemorrhage

Due to Hypertension

Other conditions J.P.H.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature W E Kuehler (M. D. or other)
Address St James MO Date signed 9/19/40

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

RECEIVED

District Health Officer No. 5;

District File Number 10401069

Date Filed _____

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 W E Ricklider

Licensed Embalmer No. 1970

P. O. Address St. James 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, above space should be left blank.