

# Registrar of Vital Statistics

## Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

12476

Form V. S. 1-A  
 DEPARTMENT OF COMMERCE  
 Bureau of the Census

COMMONWEALTH OF KENTUCKY  
 Department of Health  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. \_\_\_\_\_

Registration District No. 5 Primary Registration District No. 3914

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1. PLACE OF DEATH:

(a) County Adair  
 (b) City or town Chance Rural  
 (If outside city or town limits, write RURAL)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution write street number or location)  
 (d) Length of stay: In hospital or community \_\_\_\_\_  
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Adair  
 (c) City or town Chance  
 (If outside city or town limits, write RURAL)  
 (d) Street No. Hammery  
 (If rural give precinct)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

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3(a) FULL NAME Margarette Evelyn Hale  
 3(b) If veteran, \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced Widowed

6(b) Name of husband W. H. Hale  
 6(c) Age of husband or wife if alive 74 Years

7. Birth date of deceased: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

8. AGE: Years 74 Months \_\_\_\_\_ Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mo

10. Usual occupation Housewife

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

12. Name Lindsay Davis  
 13. Birthplace Mo

14. Maiden name Busan Weaver  
 15. Birthplace Mo

16(a) Informant's own signature W. H. Hale  
 (b) Address Chance Mo

17. BURIAL, CREMATION, OR REMOVAL  
 Place Church Date 6-12-43  
 18(a) Signature of funeral director M. H. [unclear]  
 (b) Address Columbia Mo

19(a) 6-27-43 (Date received by local registrar) (b) S. J. [unclear] (Registrar's signature)

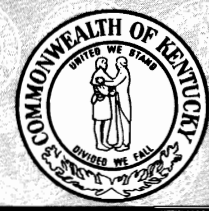
20. DATE OF DEATH June 5, 1943  
 21. I hereby certify that I attended the deceased from 5-17-43 to 6-5-43 that I last saw her alive on 6-4-43 and that death occurred on the date stated above at 9 PM.  
 Immediate cause of death Arteriosclerotic Heart Disease  
Arteriosclerosis (Generalized)  
 Due to \_\_\_\_\_  
 Other conditions 95D-97  
 (Include pregnancy within 3 months of death)

Major findings: Amputation of left leg just below knee because of gangrene  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? In or about home, on farm, in industrial place or in public place? \_\_\_\_\_  
 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 (M. D. or other) \_\_\_\_\_


23. Signature W. J. [unclear] M.D.  
 Address Columbia Mo Date signed 6-7-43

N. B.—WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully set out. AGE should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 9 day of July, 1948.

  
 Barbara F. White  
 State Registrar

U.S. PATENT NO. 4,227,728 4285469 4310100 4227719  
 4210346 4341404 4351547