

REC'D JAN 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43470
Do not use this space.

1. PLACE OF DEATH

(a) County Gasper 2 Registration District No. 417
 (b) Township Joplin Primary Registration District No. 5561 D. Registered No. 98
 (c) City RR#1, Webb City (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. RR#1, Webb City, Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Halley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23, 1892

7. AGE YEARS 46 MONTHS 2 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc. ✓
 10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City 10 Mo

13. NAME Isaac Peart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

15. MAIDEN NAME E. Hines

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

17. INFORMANT (ADDRESS) Frank Halley (Husband) Webb City, Mo RR#1

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope Cem. DATE 12/26/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nedra Nelson Webb City, Mo RR#1

20. FILED DEC. 25, 38, 19 Webb City, Mo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3:01 1938, to 10:00 - 24, 1938
 I last saw h. ✓ alive on Dec 24, 1938 Death is said to have occurred on the date stated above, at 6:10 P. m.
 The principal cause of death and related causes of importance were as follows:

Sarcema of pancreas of pancreas part of body
 Date of onset _____
 Other contributory causes of importance: 52

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) W.D. Slaughter _____
205 W. Broadway (Address) _____
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WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. 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.

JUN 23 1942

MAR 18 1940

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, E. M. Hedge, or by

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

Signed E. M. Hedge

Licensed Embalmer No. 7859

P. O. Address W. H. P. Co.

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.