

REC'D AUG 7 1939

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

26022

Do not use this space.

1. PLACE OF DEATH *Johnson* 2
(a) County *Johnson* Registration District No. *431*
(b) Township *Warrensburg* Primary Registration District No. *3023* Registered No. *89*
(c) City *Warrensburg* (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *John Henry Halley* 450 1
(a) Residence, No. _____ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 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 *Augusta Halley*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May-16-1898*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 *2* *9*
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *laborer*
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) *Henry Co. Mo.*
- FATHER 13. NAME *Unknown*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*
- MOTHER 15. MAIDEN NAME *Unknown*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*
17. INFORMANT (ADDRESS) *John Halley Warrensburg*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Sunset* DATE *July 28, 1939*
19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Wesley Phillips Warrensburg, Mo.*
20. FILED *July 28, 1939* *Eva Bentley* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July-25-1939*
22. I HEREBY CERTIFY, That I attended deceased from *July 20th, 1939, to July 25th, 1939*
I last saw him alive on *July 23rd, 1939*. Death is said to have occurred on the date stated above, at *11 P.* m.
The principal cause of death and related causes of importance were as follows:
Murder from heartache enlargement of infection of bladder
- Date of onset _____
- Other contributory causes of importance: *Penitentiary*
- 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? *no*
If so, specify _____
(Signed) *W.B. Hall*, M. D.
391 (Address) *Warrensburg, Mo.*

Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-12-38
I X16028

RECEIVED
District Health Officer No. 8,
6/11/39

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,

Earl Pruitt, or by

Registered Apprentice No., working under my personal supervision.

Signed *Earl Pruitt*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg, 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.