WRITE PLAINLY, WITH INKPADDING 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.

X14028

9 1939

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

33053
Do not use this space.

1. PLACE OF DEATH
(a) County Morgan 3
(b) Township Moreau
(c) City
Registration District No. 598
Primary Registration District No. 3355
Registered No. 30
(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 Howwareta Jane Haley
(a) Residence, No. St. Boonville, Mo
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9-1922
7. AGE Years 16 Months 8 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School
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) St Louis, Mo

FATHER
13. NAME James J. Haley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Missouri

MOTHER
15. MAIDEN NAME Grace Relyew
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Scott, Kans.

17. INFORMANT Betty Haley
(ADDRESS) Boonville, Mo

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Boonville Mo DATE Aug 7 39

19. FUNERAL DIRECTOR (NAME) W. F. K. Dwell
(ADDRESS) Versailles, Mo

20. FILED Sept 1, 1939 Will F. Berry Jr
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Never, 19
I last saw him alive on Never, 19 Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Drowning

Date of onset

Other contributory causes of importance:

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? Accident Date of injury Aug 7, 1939
Where did injury occur? Lake of Ozarks
(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) P. F. Eckhoff D.O.
(Address) Versailles, Mo.

(Licensed Embalmer's Statement on Reverse Side) Coroner Morgan Co.

RECEIVED
District Health Officer No. 71
District File Number 7-39-1349
Date Filed 9-19-39

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, Gene Bartram, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Gene Bartram

Licensed Embalmer No. 14021

P. O. Address Versailles, 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.