

APR 12 1940

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S. No. 2  
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5-17-39  
P I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 222

Primary Registration District No. 41355303

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Central Pilot Grove Tenn  
(If outside city or town limits, write "RURAL" and name of township)  
(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 ✓  
In this community Near here all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAMES JOHN BENSON HALEY

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Oct 24 1951  
(Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 9 da If less than one day hr. min.

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

10. Usual occupation Farmer

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

12. Name Thomas Haley

13. Birthplace unknown Mo. (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Benson

15. Birthplace Deaton Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant John Arvel Haley

(b) Address Pilot Grove, Mo.

17. (a) Burial Chapel (City or town) thereof April 2-1940 (Month) (Day) (Year)

(c) Place: burial Chapel Grove

18. (a) Signature of funeral director Darya F. Painter

(b) Address Pilot Grove Mo  
(c) Date received local registrar April 5 1940 (Registrar's signature) Mrs. E. B. McLutchen

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Pilot Grove (rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 mi. south Pilot Grove  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1940 hour 12 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 4-3 1940, to 4-3-1940

that I last saw him alive on 4-3-1940, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration ?

Due to Arteriosclerosis 15 years+

Due to 120

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_ 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? \_\_\_\_\_

23. Signature g. B. Holt (M. D. number) \_\_\_\_\_

Address Pilot Grove Date signed 4-4-40

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

MOTHER FATHER

RECEIVED  
STATE OF MICHIGAN OFFICER NO. 8  
OFFICE FILE NUMBER 1-9-40  
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. *Myself*

Signed *Robert L. Painter*  
Licensed Embalmer No. *4069*  
P. O. Address *Pilot Grove, 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.