

MAY 13 1940

State File No. \_\_\_\_\_

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Days (Specify whether  
In this community Since Birth years, months or days)

3. (a) PRINT FULL NAME Constance Judith Haley  
3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 14 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Richard Haley  
13. Birthplace Cooper Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Myrtle L. Bolck  
15. Birthplace Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Richard Haley  
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 5 1940  
(Month) (Day) (Year)  
(c) Place: burial or cremation Walnut Grove Cem

18. (a) Signature of funeral director Goodman H. Bolck  
(b) Address Boonville, Mo.

19. (a) MAY 6-40 (b) D. Hooper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1940 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 14, 1940, to April 4, 1940;  
that I last saw her alive on April 4, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Familial Hemolytic Jaundice  
Due to Heredity  
Other conditions (Include pregnancy within 3 months of death) 16 1/2

Major findings:  
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? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
197 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. H. Quigley (M. D. or other) MD  
Address Boonville Mo. Date signed 4-5-40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 5-10-40

---

---

**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.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**