

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.

Registration District No. 40

Primary Registration District No. 4024

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(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 _____ (Specify whether _____)
In this community 26 years (years, months or days)

8. (a) PRINT FULL NAME Nancy Alice Haile 400
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George W. Haile 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 11 1865 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>5</u>	<u>18</u>	hr. _____ min.

9. Birthplace Laybrook Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name John Coile
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Sara Ball
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter Haile
(b) Address Lamar P. # 2

17. (a) Burial (b) Date thereof July 1-1940 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mitchell Cemetery

18. (a) Signature of funeral director Bonantz Funeral Home
(b) Address Lamar Missouri

19. (a) June 29 1940 (b) Zuri Josephine Myrland (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar (If outside city or town limits, write "RURAL")
(d) Street No. 506 South Gulf (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 23 May 23 1940 to June 29 1940 that I last saw her alive on June 29 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Coronary occlusion</u>	<u>May 23</u>
<u>Embolic</u>	
<u>Sudden death</u>	<u>June 29</u>

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 94 lbs.

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
Signature Jorn T. Beckel (M. D. or other) M.D.
Address Lamar, MO. Date signed 6-30-40

RECEIVED

District Health Officer No. 6,

District File Number 740-2357

Date Filed JUL 11 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Carl F. Konantz

Licensed Embalmer No. 22047

P. O. Address Lamar, 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.