. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29235

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 115

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 120 South Mulberry St. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 43 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Maryville (If outside city or town limits write "RURAL")
(d) Street No. 120 S. Mulberry St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lois Kate Halley, 100
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 9 (Day) 1887 (Year)

8. AGE: Years 53 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Clearmont (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Teacher in High School
11. Industry or business
FATHER
12. Name Boone Clay Halley
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Vada Bever
15. Birthplace Ringold County (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Mrs. Vada Halley
(b) Address 120 S. Mulberry St. Maryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery
18. (a) Signature of funeral director John W. Price
(b) Address Maryville Mo.
19. (a) Aug 27-40 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26. year 1940. hour 5 minute a. M.
21. I hereby certify that I attended the deceased from April 25, 1940, to August 26, 1940 that I last saw her alive on August 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Meta Static Carcinoma of Lungs Primary Carcinoma was
Due to in right breast
Due to
Other conditions (Include pregnancy within 3 months of death) 5D
Major findings: Of operations
Of autopsy None

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Chas. T. Dell, (M. D. or other) MD
Address Maryville Mo. Date signed 8/27/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 240-829
Date Filed SEP 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 John W. Price.

Licensed Embalmer No. 3229.

P. O. Address Maryville 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.