

No. 2
-11-10-39
5-17-43
-I X

MAR 19 1941 7/8
Registration District No. _____

Primary Registration District No. **6430**

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

1. PLACE OF DEATH:

(a) County **PUTNAM**
(b) City or town **UNIONVILLE**
(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 **51 years** years, months or days

8. (a) PRINT FULL NAME **NETTIE JANE HAIGLER**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband **STEWART J. HAIGLER** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **DECEMBER 12 1867**
(Month) (Day) (Year)

8. AGE: Years **73** Months **1** Days **19** If less than one day hr. _____ min.

9. Birthplace **GREENCITY, SULLIVAN MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business **HOUSE WORK**

MOTHER FATHER
12. Name **JAMES R. JOHNSON**
13. Birthplace **INDIANA**
(City, town, or county) (State or foreign country)
14. Maiden name **ELLEN CATHERINE SCOTT**
15. Birthplace **NEW YORK**
(City, town, or county) (State or foreign country)

16. (a) Informant **G. J. Haigler**
(b) Address **Unionville Mo.**

17. (a) **BURIAL** (b) Date thereof **FEB 12 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CRUMPACHER CEMETERY**

18. (a) Signature of funeral director **Constock Funeral Home**

(b) Address **Unionville Mo. By St. Constock**

19. (a) **Feb. 5 1941** (b) **A. W. Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **PUTNAM**
(c) City or town **Unionville**
(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 **JANUARY** day **31**
year **1941** hour **11** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **Jan. 22**, 1941, to **Jan. 30**, 1941, that I last saw him alive on **Jan. 30**, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **8 days**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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? **115**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **E. R. W. Pearson** (M. D. or other) **W.M.O.**

Address **Unionville** Date signed **2/1/41**

RECEIVED

District Health Officer No. 10

District File Number 3-41-485-

Date Filed MAR 8 1941

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 James W. Pomatoch

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.