

Registration District No. **821**

Primary Registration District No. **4553**

1. PLACE OF DEATH:

(a) County **Scott**
(b) City or town **Sikeston**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Scott** **100**
(c) City or town **Sikeston** **5**
(If outside city or town limits, write "RURAL")
(d) Street No. **511 Fletcher** **2**
(If rural, give location)
(e) Citizen of foreign country? **NO** **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **19th**, 1941
year **1941** hour **7th** minute _____ M.
21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Endocarditis **6 to 8 mo**

Due to _____

Due to _____

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? _____

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

23. Signature **Ludy P. Harrison** (M.D. or D.V.M.)
Address **Drum Mo.** Date signed **2/19/41**

3. (a) PRINT FULL NAME **Wallace Coleman Haley**

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

4. Sex **Male** 5. Color or race **White** 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 **July 29th 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 20 hr. min.

9. Birthplace **Shabenier, Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired railroad man**

11. Industry or business **None**

12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mae Herring**

(b) Address **511 Fletcher, St.**

17. (a) **Burial** (b) Date thereof **Feb. 20, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carpenter, McMullin, Mo.**

18. (a) Signature of funeral director **L. J. Welsh 742**

(b) Address **Sikeston, Mo. 742**

19. (a) **3-7-41** (b) **L. J. Welsh**
(Date received local registrar) (Registrar's signature)

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

2510

RECEIVED

District Health Officer No. 2

District File Number 341-326

Date Filed 3/10/41

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 Harry J. Johnson

Licensed Embalmer No. 3704

P. O. Address Lexington, 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, fact should be so stated above.