

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Dearborn Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None / Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community one year
years, months or days)

3. (a) PRINT FULL NAME

J.W. Haller

3. (b) If veteran name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive: no years

7. Birth date of deceased Aug 25 - 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 1 hr. ✓ min. ✓

9. Birthplace Camden Point - Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation None just a baby

11. Industry or business None

12. Name Thomas Haller

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

14. Maiden name Beth Davis

15. Birthplace Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Haller

(b) Address Dearborn Mo. Rural

17. (a) Burial (b) Date thereof Feb 27 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge cemetery

18. (a) Signature of funeral director William Davis

(b) Address Dearborn Mo.

19. (a) Feb 26th (b) MS Hall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan O
(c) City or town Dearborn Mo. Rural O
(If outside city or town limit, 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 May day 26th
year 1941 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from March 25
1941 to March 26, 1941
that I last saw him alive on March 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to ✓

Due to ✓

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? 83

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

23. Signature MS Hall (M. D. or other) ✓

Address Dearborn Mo Date signed 3/26/41

Duration
Mar 23
Mar 26
1941

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Lucian Davis

Licensed Embalmer No. *4160*

P. O. Address *Deerborn 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.