

FILED JUL 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20998

Registration District No. _____

9 Primary Registration District No. 215

Registrar's No. _____

1. PLACE OF DEATH:

(a) County ANDREW
(b) City or town RURAL - JEFFERSON MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Joseph RFD #21
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community ABT-30-YRS.
n years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ANDREW MO
(c) City or town ST. JOSEPH - (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. - #2
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME T. G. HADLEY

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

4. Sex Male 5. Color of race Wh 6. (g) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ollie E. Elizabeth Hadley 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Feb. 5 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Green Co. Ky
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Hadley Ky
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Coffey Ky
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Ollie E. Hadley

(b) Address St. Joseph MO - RFD #2

17. (a) burial (b) Date thereof June 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Ray Blaney

(b) Address St. Joseph MO

19. (a) June 18 1941 (b) J. H. Holcomb
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1941 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Oct 5
Oct. 5 1940 to June 16 1941
that I last saw him alive on June 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis
myocarditis - chr. Duration many yrs

Due to _____
Due to HTA

Other conditions Trigeminal neuralgia 8 mos.
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy none
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?
934 (Specify type of place) _____
While at work? _____ (e) Means of injury (1)
23. Signature G. T. Blaney (M. D. or other) _____
Address 1218 N. 33 St. Date signed 6/17/41

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

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.....

June 17 1941

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

working under my personal supervision.

Signed: *John H. Hurley*

..... Licensed Embalmer No. *4050*.....

..... P. O. Address *St. Joseph, 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.