

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32769

Registration District No. 836

Primary Registration District No. 6098A

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bernie Rural Liberty Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
in this community Life years, months or days)

3. (a) PRINT
FULL NAMEJulia A Hadley

3. (b) If veteran,

name war —

3. (c) Social Security

No. —

4. Sex Female 5. Color or race Wht.
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Martin Hadley
(c) Age of husband or wife if alive 75 years
7. Birth date of deceased Oct. 4 - 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 21 — hr. — min.

9. Birthplace mo. (City, town, or county) (State or foreign country)

10. Usual occupation Homemaker11. Industry or business —12. Name Tom Wicken13. Birthplace mo. (City, town, or county) (State or foreign country)14. Maiden name mo.15. Birthplace mo. (City, town, or county) (State or foreign country)16. (a) Informant B. L. Hadley(b) Address Bernie Mo.17. (a) Burial (b) Date thereof Sept-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bernie18. (a) Signature of funeral director Louise Turner(b) Address Camille Mo.19. (a) Oct 8, 1941 (b) Laura Hopkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Stoddard
(c) City or town Bernie "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1941 hour 6 minute 20 P.M.21. I hereby certify that I attended the deceased from Sept 23 - 1941 to Sept 25 1941
that I last saw her alive on Sept 25 1941
and that death occurred on the date and hour stated above.Immediate cause of death myocarditis

Duration

3Due to myocarditisDue to myocarditisOther conditions 93%

(Include pregnancy within 3 months of death)

Major findings:

Of operations —Of autopsy —

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 —23. Signature Lloyd Carter (M. D. or other) —Address mo. Date signed Sept 26/41

81 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 1041-1413

Date Filed 10/13/41

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 Christina M. Sanders

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.