DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11743

Registration District No. 13

Primary Registration District No. 5969

Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Rural Salt River Tp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D.#1 Jacksonville Mo. (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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Rural Salt River (If outside city or town limits, write "RURAL")

(d) Street No. RFD#1 Jacksonville (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country C

3. (a) PRINT FULL NAME ORPHA KATE HALEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Luther Haley

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb 27 1887 (Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Randolph Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John R. Wilson
13. Birthplace Randolph Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lucy Lee Hardister
15. Birthplace Macon Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Luther Haley

(b) Address RFD#1 Jacksonville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 28 42 (Month) (Day) (Year)

(c) Place: burial or cremation Ridings Cemetery

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly Mo

19. (a) 3-27-42 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th year 1942 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec 1941 to March 1942 that I last saw her alive on March 23 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	3 days
Due to Mitral Stenosis	10 years
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. A. Stuzzioski (M. D. or other) DO

Address Jacksonville, Mo Date signed Mar 27, 1942

(Licensed Embalmer's Statement on Reverse Side)

DEC 6 1954

RECEIVED
District Health Officer No. 10
District File Number 4-10-811
Date Filed APR 15 1942

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11743

Registration District No. 734 Primary Registration District No. 5969 Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Jacksonville Mo.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Orpha Kate Haley

3. (b) If veteran, name war 1

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 55 Months Days 27 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1942 hour 8 minute 9 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 Broncho-pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature C. A. Stryzewski (M. D. or other) PO
Address Jacksonville Mo. Date signed

SUPPLEMENTARY

11743