S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1942

Registration District No. 2

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13648

Primary Registration District No. 203

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Rural Monroe Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cosby, Missouri, Rural #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether
In this community 2years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Cosby, Mo. Rural #1 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. 0 years.

3. (a) PRINT FULL NAME George William Hailey

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 married

6. (b) Name of husband or wife Ella Hailey

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March (Month) 16 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
67	0	27	hr. min.

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

10. Usual occupation Retired Grocer

11. Industry or business Retail

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

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

16. (a) Informant Mrs. Ella Hailey
(b) Address Rural #1, Cosby, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 15 (Day) 1942 (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 4-14-42 (Date received local registrar) (b) F H Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th.
year 1942 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from ? - 1941, 19__, to Apr 13, 1942
that I last saw him alive on Apr 13, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Heart~~ Coronary Occlusion	minutes
Due to Coronary Sclerosis	months
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

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 [signature] (M. D. or other) MD
Address St Joseph Mo Date signed Apr 14-42

1072 (Licensed Embalmer's Statement on Reverse Side)

MAY 5 1944

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~~ .....

Apr. 13 - 42 ; Registered Apprentice No. ....., working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.