

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. ....

11  
1  
7  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
711 N. 10th Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month  
(Specify whether years, months or days)

In this community 50 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2917 Felix Street,  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mary Ellen Halley

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1942 hour 7 minute 45 A.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Samuel M. Halley

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

7. Birth date of deceased June 7 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June, 1942, to July 11, 1942; that I last saw her alive on July 11, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 1 Days 23  
If less than one day hr. min.

Immediate cause of death art. seler General 40

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

Due to .....

Due to .....

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 97

11. Industry or business

12. Name Michael Rooney

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

14. Maiden name Mary Grant

15. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations .....

Of autopsy .....

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Forrest R. Fox

(b) Address 2917 Felix Str. St. Joseph, Mo.

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? .....

17. (a) Burial (b) Date thereof Aug. 1, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

While at work? (Specify type of place) .....

(e) Means of injury .....

18. (a) Signature of funeral director Norman W. Estelzader

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 7-30-42 (b) Rae Herzog  
(Date received local registrar) (Registrar's signature)

23. Signature Dr. J. H. ... (M. D. or other) 0

Address St. Joseph, Mo. Date signed 7-30-42

AUG 1 01942

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.