S. No. 2
M—1-4-41
v. 5-17-39
I X26390

27894

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 274 Primary Registration District No. 5933 Registrar's No. 301

80
0
0

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Longwood (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 84 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 80
(c) City or town Houstonia Rural 0
(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 0

3. (a) PRINT FULL NAME Sarah E Hailey
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife John W Hailey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 27 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
84	7	3	hr. min.

9. Birthplace Longwood (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation house wife
11. Industry or business
FATHER
12. Name Davis Greer
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ophie Swope
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Hailey
(b) Address Longwood
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 26 42 (Month) (Day) (Year)
(c) Place: burial or cremation High point
18. (a) Signature of funeral director Westbrook
(b) Address Houstonia
19. (a) 8-26-42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1942 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from
June 1942, to Aug 23 1942
that I last saw her alive on Aug 23 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Inanition	
Due to Apoplexy	
Due to Age	
Other conditions (Include pregnancy within 3 months of death) 830	
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 0
23. Signature C. L. Parkhurst (M. D. ~~or other~~)
Address Houstonia, Mo. Date signed Aug 26

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 9-3-42

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 H. H. Smiley

Licensed Embalmer No. 3987

P. O. Address Housatonic

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.