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4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. Walz 37090  
State File No. \_\_\_\_\_  
Registrar's No. 850

FILED DEC 5 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 2000

Registrar's No. 850

39  
2  
6

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

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **2023 N. Elizabeth**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
**12 days** (Specify whether years, months or days)  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME **Berthena C. 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 **James R. Haley** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **March 29, 1868**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **7** Days **28** If less than one day hr. min.

9. Birthplace **Wheeling, West Virginia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**  
**In Home**

11. Industry or business

12. Name **Jacob Calhoun**

13. Birthplace **Unknown W. Virginia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Everly West**

15. Birthplace **Unknown W. Virginia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. James R. Haley**

(b) Address **Summersville, Missouri**

17. (a) **Burial** (b) Date thereof **Nov. 29, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Summersville, Missouri**

18. (a) Signature of funeral director **John Duncan Funeral Home**

(b) Address **Mountain View, Missouri**

19. (a) **11-29-42** (b) **W. T. Handley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Texas**  
(c) City or town **Summersville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? **12** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **27**,  
year **1942** hour **4:30** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **June 13**  
**1942** to **Nov 27**, 19**42**  
that I last saw him alive on **Nov 25**, 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death. \_\_\_\_\_ Duration \_\_\_\_\_

**Polio cerebral hemorrhage 3 wks**

Due to \_\_\_\_\_

Due to **arterio sclerosis unknown**

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?

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

23. Signature **W. T. Handley** (M. D. or other) \_\_\_\_\_

Address **Springfield, Mo** Date signed **11/28/42**

984 (Licensed Embalmer's Statement on Reverse Side)

