DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37215

State File No.

Registration District No.

Primary Registration District No. ~~4 [illegible]~~ 8 387

Registrar's No. 1

1. PLACE OF DEATH:

45 (a) County Howard

(b) City or town Armstrong (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 years, months or days)

In this community 93 years or more

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

(c) City or town Armstrong (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.? 0 years.

3. (a) PRINT FULL NAME George Halley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ Yes

6. (b) Name of ~~husband or~~ wife Mamie Halley

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

7. Birth date of deceased December (Month) 1 (Day) 1848 (Year)

8. AGE: Years 93 Months 11 Days 10 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Livery Business

FATHER
12. Name Pressley G. Halley
13. Birthplace X (City, town, or county) Kentucky (State or foreign country)

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

16. (a) Informant's own signature Mamie Halley

(b) Address Armstrong, Missouri

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Nov. 13-42 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Fayette Cemetery

18. (a) Signature of funeral director A. A. Oedaker

(b) Address Armstrong Mo.

19. (a) 11/24/42 (Date received local registrar) (b) R. A. Raines (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11th year 1942 hour 8 minute 45a M.

21. I hereby certify that I attended the deceased from 11-11-42, 19__, to 11-11, 1942 that I last saw him alive on 11-11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Infirmities of Age

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95c

Of autopsy

Duration

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 W. M. Dickerson (M. D. ~~or other~~)

Address Armstrong Mo Date signed 11/15/42

1319

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 8,
File Number .....
Filed 12-1-42

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 A. H. Alda Ker, Registered Apprentice No. ....., working under my personal supervision.

Signed A. H. Alda Ker

Licensed Embalmer No. 1667

P. O. Address Armstrong / Ont

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, above space should be left blank.