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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

APR 30 1943

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 19

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

510

1. PLACE OF DEATH:

(a) County Berry

(b) City or town Cassville Mo
(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. 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 5

(a) State Missouri (b) County Berry

(c) City or town Cassville Mo
(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 Franklin Hersel Hailey

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1943 hour 10 minute 30-A.M.

21. I hereby certify that I attended the deceased from 1933 19..... to Mar 16 1943
that I last saw him alive on Mar. 16 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife S

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased Jan 5 1874
(Month) (Day) (Year)

Immediate cause of death Broncho-pneumonia (Hypostatic) 3 days

Due to Cardiac decompensation 2 days

Due to Myocarditis

Other conditions (Include pregnancy within 3 months of death) 93e

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>69</u>	<u>2</u>	<u>11</u> hr. min.

9. Birthplace Hailey Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

Major findings: Of operations 93e

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Newton L. Hailey

13. Birthplace Hailey Mo
(City, town, or county) (State or foreign country)

14. Maiden name Haney N. McKinney

15. Birthplace Berryville Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. SA Newman

(b) Address Cassville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18-43
(Month) (Day) (Year)

(c) Place: burial or cremation Old Hill - Cassville

18. (a) Signature of funeral director Keen Funeral Home

(b) Address Cassville, Mo

19. (a) Mar 20 1943 (Date received local registrar) Grace Williams (Registrar's signature)

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?

(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 0

23. Signature Ben Newman (M. D. or other) 0

Address Cassville Date signed 3-19-43

1071

RECEIVED

District Health Officer No. 6,

District File Number 442-489

Date Filed APR 29 1943

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.....

W. C. Koon, Registered Apprentice No.....
working under my personal supervision.

Signed John E. Myers

Licensed Embalmer No. 3220

P. O. Address Caswell, Mo

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.