

FILED JUN 11 1943

Registration District No. **181**

Primary Registration District No. **5678**

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

57
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1. PLACE OF DEATH

(a) County Lincoln

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

(c) Name of hospital or institution: Wounded War
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME William Hahley

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife Clare Halley

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec 20 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>4</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas A. Halley

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

14. Maiden name Lilly

15. Birthplace Lincoln Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edgar Gilbert

(b) Address Lincoln Mo.

17. (a) Burial (b) Date thereof 5-6-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mill-Creek Cemetery

18. (a) Signature of funeral director Warr Bankhead

(b) Address Bowling Green, Mo.

19. (a) May 10 1943 (b) W. L. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln

(c) City or town Lincoln, Rural Route
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 3
year 1943 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 1942 to 4/13/43, 1943
that I last saw him alive on 4/13/43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Pictus Duration 5 Months

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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. L. Williams (M. D. or other) _____
Address Lincoln Mo Date signed 4/8/43

JUL 7 1961

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.....

Charles A. Roof

Licensed Embalmer No.....

3048

P. O. Address.....

Boston, Mass.

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.