

FILED JUN 17 1943 78  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3054

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

1. PLACE OF DEATH—Pike  
 (a) County Louisiana  
 (b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Home = 121 So. 7th St. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rhea Pearson Haley  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife William B Haley  
 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased Dec 2 1879  
(Month) (Day) (Year)

8. AGE: 63 Years 5 Months 6 Days  
If less than one day hr. min.

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

10. Usual occupation Wife

11. Industry or business Home

MOTHER FATHER  
 12. Name John S Pearson  
 13. Birthplace Glasgow Mo  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ellen Emerson  
 15. Birthplace Pike Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm B Haley  
 (b) Address Louisiana Mo

17. (a) Burial (b) Date thereof 5-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of general director [Signature]  
 (b) Address Louisiana Mo

19. (a) 578-43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Pike  
 (c) City or town Louisiana  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 121 South 7th Street  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
 year 1943 hour 12 minute 20 A.M.

I hereby certify that I attended the deceased from March - 43 to May 8 1943  
 that I last saw her alive on May 8th 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia  
 Duration 9 months

Due to: Cerebral Hemorrhage  
 Duration 9 months

Other conditions (Includes pregnancy within 3 months of death)

Major findings: [Signature]  
 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 [Signature] (M. D. or other)  
 Address Louisiana Mo Date signed 5/8/43

FEB 24 1944

to be 02151

RECEIVED

District Health Officer No. 10

District File Number 6-43-1108

Date Filed JUN 14 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.....

*George O. Wagner*

Registered Apprentice No.....

working under my personal supervision

Signed *George O. Wagner*

Licensed Embalmer No. 3773

P. O. Address *Louisiana, 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.