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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22708

FILED JUN 24 1943

Registration District No. 73

Primary Registration District No. 6269

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural - Ozark Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution x (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME Manie Belle Haley

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife George Haley

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

7. Birth date of deceased October - 2 - 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	7	10	x hr. x min.

9. Birthplace Moberly - Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name W. S. Roy
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Todd
15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant W. W. Sallee
(b) Address Marshfield, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 13-1943
(Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Ebenezer

18. (a) Signature of funeral director Ex Jainey
(b) Address Marshfield, Mo.

19. (a) May 14 43 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1943 hour 7:30 minute A.M.

21. I hereby certify that I attended the deceased from Feb 10, 1943, to May 12, 1943
that I last saw her alive on March 22, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 106 - Bronchitis, chronic purulent, with Bronchiectasis	1938
Due to Influenza & Upper Respiratory infection	1938
Due to	
Other conditions Myocarditis, chronic (degenerative) (Include pregnancy within 3 months of death)	1940?

Major findings:
Of operations
Of autopsy

93d

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 C. P. Macdonnell (M. D. or other) M.D.
Address Marshfield, Mo. Date signed 5/12/43

1344 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 623-696
Date Filed JUN 21 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 ——— ——— ——— ———, Registered Apprentice No. ———, working under my personal supervision.

Signed Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.