

FILED SEP 10 1943

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **261**

1. PLACE OF DEATH:

(a) County **Callaway**
(b) City or town **Fulton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hosp. #1 Fulton 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **From April 23 - 1943**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Callaway**
(c) City or town **Auxvasse**
(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 _____

3. (a) PRINT FULL NAME **Thomas H. Halley**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **1976**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **June 10 1867**
(Month) (Day) (Year)

8. AGE: Years **76** Months **2** Days **5** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retail farmer**

11. Industry or business _____

12. Name **Thomas Halley**
13. Birthplace **Va**
(City, town, or county) (State or foreign country)
14. Maiden name **Mildred Craighead**
15. Birthplace **Va**
(City, town, or county) (State or foreign country)

16. (a) Informant **Deceased's wife**

(b) Address **Auxvasse Mo.**

17. (a) **Burial** (b) Date thereof **8/17-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Auxvasse Cemetery**

18. (a) Signature of funeral director **Hughes Mankie**

(b) Address **Auxvasse Mo.**

19. (a) **Aug 17 - 1943** (b) **Josie Morawickoff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **15**
year **1943** hour **11:30** minute _____ A. M.

21. I hereby certify that I attended the deceased from **8 a.m. on Aug. 15, 1943, to 11:30 a.m. Aug 15, 1943,**
that I last saw him alive on **Aug 15, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage 2nd on 24 hrs**

Due to **generalized arteriosclerosis**

Due to _____

Other conditions **Hypostatic pneumonia**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none** Of autopsy **none**

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 **none**

23. Signature **P. S. Tate** (M. D. or other)
Address **State Hosp. #1 of Fulton** Date signed **8-18-43**

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

MOTHER FATHER

14
1
2

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..... *Hughes Manpin*

Licensed Embalmer No..... *2358*

P. O. Address..... *Aux Vasse, 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.