

FILED SEP 9 1943 254

Registration District No. ....

Primary Registration District No. 4386

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Oregon

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

(c) Name of hospital or institution: /  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon <sup>25</sup>

(c) City or town Thayer <sup>10</sup>  
(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 Ollie Melvina Hafner

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Eddie E. Hafner

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 30 1898  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>10</u>	<u>15</u>	hr. _____ min.

9. Birthplace Oregon County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James Wooldridge

13. Birthplace Oregon County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ollie Hargus

15. Birthplace Fulton County Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Eddie Hafner

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 7/18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifford Cem

18. (a) Signature of funeral director Leo Carr

(b) Address Thayer, Mo.

19. (a) 8-10-43 (b) Fae W Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
year 1943 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic Acid taken internally

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

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) suicide

(b) Date of occurrence 7-12-43

(c) Where did injury occur? at home  
(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 Leo Carr (M. D. or other) 3  
Address Thayer Mo Date signed 7/16/43

1112

owner

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

RECEIVED

District Health Officer No. 5  
District File Number 943533  
Date Filed 9-7-43

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**