

No. 2
4-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3758E

FILED DEC 10 1943

Registration District No. 248

Primary Registration District No. 4031

State File No. _____

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Adrian
(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 1
(Specify whether years, months or days)

In this community 14 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Adrian
(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 IDA LAURA HALEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1943 hour 7 minute 35 A. M.

21. I hereby certify that I attended the deceased from May 3, 1941, to Nov. 29, 1943.
that I last saw her alive on Nov. 27, 1943.
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife Edward P. Haley

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

7. Birth date of deceased: May 23 1874
(Month) (Day) (Year)

Immediate cause of death Cerebral Pneumonia
10 y.
Cerebral Hemorrhage 9/3/1941
10 y.

Due to _____

Due to _____

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

8. AGE: Years 69 Months 6 Days 6
If less than one day _____ hr. _____ min.

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

10. Usual occupation House

MOTHER FATHER

11. Industry or business _____

12. Name Ewing Lehman

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

14. Maiden name Martha Foster

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

16. (a) Informant F. P. Haley

(b) Address Adrian Mo.

17. (a) Burial (b) Date thereof Dec 1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Byrdett Cem

18. (a) Signature of funeral director Creath & Sif

(b) Address Adrian

19. (a) 11-30-43 (b) Handwritten
(Date received local registrar) (Print name of a signature)

Major findings: 107

Of operations _____

Of autopsy _____

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 D. S. Colson (M. D. or other) Dr.
Address Adrian Mo. Date signed 11/29/43

Duration 2 days

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

1299

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 71

District File Number 11-43-135-7

Date Filed 12-9-43

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 and

Fred J. Bereath #3343, Registered Apprentice No. _____

working under my personal supervision.

Signed Adrian M.

Licensed Embalmer No. 3650

P. O. Address Adrian M.

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.