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FILED JAN 31 1940

State File No.

Registration District No. 15

Primary Registration District No. 5061

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community over sixty years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. Pleasant Ridge Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME George Mordy Haley

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 20, year 1943, hour 10 minute 0 P.M.

4. Sex m 5. Color or race W

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

6. (b) Name of husband or wife Eliza E. Arms Haley

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

7. Birth date of deceased May (Month) 14 (Day) 1862 (Year)

21. I hereby certify that I attended the deceased from Dec. 20 - 1943 to Dec. 20 - 1943 that I last saw him alive on Dec. 20 - 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 7 Days 6 If less than one day hr. min.

Immediate cause of death Cerebral occlusion

Duration

9. Birthplace Benton County Arkansas
(City, town, or county) (State or foreign country)

Due to 94a

10. Usual occupation Retired Farmer

Other conditions (Include pregnancy and other causes of death) None

11. Industry or business

Major findings Of operations None

MOTHER FATHER { 12. Name David Haley

PHYSICIAN None

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

Underline the cause to which death should be charged statistically.

14. Maiden name Dont Know

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

Of autopsy

16. (a) Informant A. D. Haley

22. If death was due to external causes, fill in the following:

(b) Address R1 Verona Missouri

(a) Accident, suicide, or homicide (specify).....

17. (a) Burial (b) Date thereof 12-23-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence.....

(c) Place: burial or cremation Calton Cemetery Barry Co.

(c) Where did injury occur? (City or town) (County) (State)

18. (a) Signature of funeral director Callaways

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

(b) Address Monett Missouri

While at work? (Specify type of place) (e) Means of injury.....

19. (a) Dec 23 - 1943 (b) Audna Willoughby
(Date received local registrar) (Registrar's signature)

23. Signature None (M. D. or other) None
Address None Date signed 12-21-43

1320

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

144-96
JAN 2 1944

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 J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Mount 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.