

S. No. 2
M-5-42
7-5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4007**

Registration District No. **290**

Primary Registration District No. **5984**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County Dulwich

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

(c) Name of hospital or institution: Rural Home
(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 Dulwich ^{8.5}

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

(d) Street No. Rural Home
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARGRET ANN WATSON

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 6
year 1944 hour 11 minute 45 p.m.

21. I hereby certify that I attended the deceased from 1-1-44 to 1-6-44, 1944
that I last saw him alive on 1-3-44 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 22 1846
(Month) (Day) (Year)

Immediate cause of death Flu

Duration _____

8. AGE: Years 97 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 230

9. Birthplace Fayette Co. Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy no

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

11. Industry or business _____

MOTHER FATHER { 12. Name James W. Haley

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

14. Maiden name Calista Beck

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

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? _____

16. (a) Informant J.P. Watson

(b) Address Hayleson Mo

17. (a) Burial (b) Date thereof 1-9-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazen Green Cemetery

18. (a) Signature of funeral director R. B. Deeper

(b) Address Richland Mo

19. (a) 1-29-1944 (b) Richard M. Dudd
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. B. Deeper (M. D. or other)

Address _____ Date signed 1-29-44

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

X32873
15
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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. 3198

P. O. Address..... Richmond 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.

Not Embalmed