

No. 2  
5-43  
17-39  
X36671

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10506  
Registrar's No. 74

FILED MAR 16 1944  
Registration District No. 2007

Primary Registration District No. 2007

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

1. PLACE OF DEATH:  
(a) County: Butler  
(b) City or town: Poplar Bluff (City)  
(c) Name of hospital or institution: Brandon Hospital  
(d) Length of stay: In hospital or institution few days (4 days)  
In this community most of life

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri, (b) County: Stoddard  
(c) City or town: Berne (City)  
(d) Street No.: \_\_\_\_\_  
Citizen of foreign country? no

3. (a) PRINT FULL NAME: Martin Hadley  
(b) If veteran, name war: ✓  
(c) Social Security No.: ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February, day 26<sup>th</sup>, year 4, hour 10, minute A.M.

4. Sex: Male, Color or race: white  
6. (a) Single, widowed, married, divorced: ✓  
6. (b) Name of husband or wife: Mary Hadley  
6. (c) Age of husband or wife if alive: 77 years  
7. Birth date of deceased: May 10 1866

21. I hereby certify that I attended the deceased from February 22, 1944 to February 26, 1944 that I last saw him alive on February 26, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 77, Months 9, Days 16  
If less than one day: hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Cerebral hemorrhage  
Due to: hypertension  
Due to: nephritis

9. Birthplace: Kentucky  
10. Usual occupation: Farming

Other conditions: \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: 1318  
Of autopsy: \_\_\_\_\_

MOTHER FATHER  
12. Name: Unknown  
13. Birthplace: Unknown  
14. Maiden name: Unknown  
15. Birthplace: Unknown

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

16. (a) Informant: Virgil Hadley, son  
(b) Address: Berne, Mo  
17. (a) Burial  
(b) Date thereof: March 2, 1944  
(c) Place: burial or cremation: Berne  
18. (a) Signature of funeral director: James J. Campbell  
(b) Address: Campbell Mo  
19. (a) 3-3-44  
(b) Belle Kinne

23. Signature: W. R. Kinne  
Address: Poplar Bluff, Mo  
Date signed: 3-2-44

RECEIVED

District Health Office No. 2,

District File Number

344-492

Date Filed

3-14-44

**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... *Christina M. Laners* .....

Licensed Embalmer No. *4227* .....

P. O. Address *Campbell, 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.**