

FILED AUG 10 1944

Registration District No. _____

Primary Registration District No. 3032

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
137 Grover St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL") 2
(d) Street No. 137 Grover St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Mary Agnes Hasey
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1944 hour 5 minute 9 P. M.
21. I hereby certify that I attended the deceased from Sept
1942 to 7-6 1944
that I last saw her alive on 7-4 1944
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 Widow
6. (b) Name of husband or wife Burns Hasey 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 9 1858
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage 152min
Duration

8. AGE: Years 85 Months 8 Days 27 If less than one day hr. min.

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) g3a!

10. Usual occupation _____
11. Industry or business _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Jas M. Hollyman
13. Birthplace Marion Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Susany Marshall
15. Birthplace Kalls Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Gertrude Hasey
(b) Address Warrensburg Mo.
17. (a) Burial (b) Date thereof July 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion Mason Co. Mo.

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 0

18. (a) Signature of funeral director Deborah Phelps
(b) Address Warrensburg Mo.
19. (a) July 7 1944 (b) dealt M. Williams
(Date registered local registrar) (Registrar's signature)

23. Signature R. Lee Cooper (M. D. or other) MD
Address Warrensburg Mo. Date signed 7-7-44

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..... *P. A. Phillips*

Licensed Embalmer No..... *2320*

P. O. Address..... *Warrensburg, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 164

Primary Registration District No. 3022

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Johnson
 (b) City or town Warrensburg
 (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)

3. (a) PRINT FULL NAME Mary A. Hovey
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced w
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased Oct 9 1885
 (Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days _____ If less than one day _____ min.

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

10. Usual occupation Suburban wife

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) Eula M. Williams
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Year 1948 Hour 12 minute 30 M.
 21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

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) _____

(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?
 _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

RECEIVED

SUPPLEMENT

25010