

FILED AUG 18 1944

State File No. \_\_\_\_\_

Registration District No. 21

Primary Registration District No. 5050

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Barry  
 (b) City or town Rural Mineral Camp  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(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 Barry  
 (c) City or town Rural (Mineral)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mollie Hailey

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Allen Hailey 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased January 24 1857  
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Van Buren Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Aaron  
 13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ann Shannon  
 15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Stimpff

(b) Address Cato, Missouri

17. (a) Burial (b) Date thereof March 15 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mass Hill

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Jessville, Missouri

19. (a) 17/1/44 (b) Ed. H. Williams  
(Date of medical registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
 year 1944 hour 7 minute 2 P. M.

21. I hereby certify that I attended the deceased from March 6, 1944, to Mar. 12, 1944  
 that I last saw her alive on Mar 12, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 6 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: 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 Deane J. ... (M. D. or other) \_\_\_\_\_

Address Conville, Mo Date signed 9:30:24

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

*Margaret Culver*....., Registered Apprentice No. *357*  
working under my personal supervision.

Signed *J. E. Culver*.....

Licensed Embalmer No. *3584*.....

P. O. Address *Cassville*.....

**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.