

FILED SEP 9 1944

Registration District No. ...

Primary Registration District No. 4092

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Archie
(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 2 Weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Augusta Ellen Hailey

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

4. Sex Fe. 5. Color or race Wh 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased Feb 5 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 0 If less than one day hr. min.

9. Birthplace Faron Co. Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Ht Home

11. Industry or business

12. Name George Miller

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name MARVINA ELLIOTT

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant MARCO GRY

(b) Address Red Mo

17. (a) Burial (b) Date thereof Aug 7 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whitesville Mo.

18. (a) Signature of funeral director F.C. Breit Funeral Home

(b) Address SAVONNAH Mo.

19. (a) Aug. 31 1944 Margaret Valle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew

(c) City or town Rural Platt Co.
(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 day 5
year 1944 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 30
1944 to AUG. 2 1944

that I last saw her alive on AUG. 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to arteriosclerosis

general

Due to age

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

Major findings: Of operations

Of autopsy

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

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 E. E. Robinson (M. D. or other)

Address Adrian, Mo. Date signed 8-15-44

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

MOTHER, FATHER

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, personally,
Registered Apprentice No. _____,
working under my personal supervision.

Signed

Hoyd Atkinson

Licensed Embalmer No.

3928

P. O. Address

Harrisonville

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Archie
(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) 2 wks.

3. (a) PRINT FULL NAME Augusta E. Hailey

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 _____ years

7. Birth date of deceased Feb. 5 (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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) _____ (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 April Day _____ Year 1944 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death uremia ^{Duration} unknown

arteriosclerosis

Due to general

Due to age 131

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

Major findings: Chronic nephritis

Operations: Suppuration of abscess
Chronic nephritis
when taken

PHYSICIAN

Underline the cause to which death was ascribed, 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? _____

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

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

Address Archie, Mo Date signed 9-12-44

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

SUPPLEMENTAL

27474