

No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28668

State File No. _____

FILED SEP 12 1944

Registration District No. _____

Primary Registration District No. 6063

Registrar's No. _____

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

009

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Iconium
(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 13 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair ⁹³

(c) City or town Iconium ⁰
(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 Anthony M. Halley

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Athal Halley

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 24, 1868
(Month) (Day) (Year)

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

76 24 hr. min.

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

10. Usual occupation Merchant

11. Industry or business _____

MOTHER FATHER

12. Name Not known

13. Birthplace Not known ⁹
(City, town, or county) (State or foreign country)

14. Maiden name Hefford

15. Birthplace Not known ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant Ferne Pennick

(b) Address Randelett, Oklahoma

17. (a) Burial (b) Date thereof 8-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iconium

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

(b) Address Osceola, Missouri

19. (a) 8-18-44 (b) H. B. Goodrich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1944 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 12-30 1943 to 8-17 1944
that I last saw him alive on 1-8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of Prostate ^{1 year}

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature T. H. Tangler, Jr. (M. D. or other) ^{M.D.}

Address Osceola, Mo. Date signed 8-18-44

1100

RECEIVED

District File No.

Officer No. 7;

District File Number

8-44-1025

Date Filed

9-11-44

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 *Paul Truettone*.....

Licensed Embalmer No. *3990*.....

P. O. Address *Osceola 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.