

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1908 Faraon St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Lifetime / (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph /
 (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 Elizabeth Agnes Haley
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December, day 31
 year 1944 hour 5 minute 00 A.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased August 29, 1877
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Dec 27 1944 to Dec 27 1944
 that I last saw her alive on Dec 27 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 4 2 _____ hr. _____ min.

Immediate cause of death Renal Arteriosclerosis (Renal)
 Duration 3

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

Due to 92 h
 Due to _____

10. Usual occupation None

Other conditions Pronec ostoma
 (Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business _____
 12. Name Martin M Haley
 13. Birthplace County Claire Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Marie Daley
 15. Birthplace St. Joseph, Missouri
 (City, town, or county) (State or foreign country)

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

16. (a) Informant John J. Haley
 (b) Address 1908 Faraon St.

22. If death was due to external causes, fill in the following:
 (c) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof Jan. 3, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation Mt. Olivet Cemetery

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

18. (a) Signature of funeral director Norman W. Sidusfaden
 (b) Address 1802 Union St. St. Joseph, Mo.

23. Signature Frank H. [unclear] (M. D. or other)
 Address 620 [unclear] Date signed 1/1/45

19. (a) 1-2-45 (b) John J. Haley
 (Date received local registrar) (Registrar's signature)

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

Signed Keith Collier

Licensed Embalmer No. 3632

P. O. Address. St Joseph 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.