

FILED MAR 5 1945
Registration District No. **531945**

Primary Registration District No. **6076**

Registrar's No. **447**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Overland
(If outside city or town limits, write "RURAL," and name of township)
 (c) Name of hospital or institution:
3409 Brown Rd.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Huntsville
(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.....

3. (a) PRINT FULL NAME Shelton Lindsey Haley
 (b) If veteran, name war Nil
 (c) Social Security No. None
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Jane Ann Haley
 (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased September 25 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 14
 year 1945 hour 8:25 minute A. M.
 21. I hereby certify that I attended the deceased from Feb. 1, 1945
Feb. 1, 1945 to Feb. 14, 1945
 that I last saw him alive on Feb. 11, 1945
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>19</u>	hr. min.

Immediate cause of death.....
Acute Dilatation Cordis
 Due to Cerebral Hemorrhage
 Due to Acute Nephritis
 Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace Macon City Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

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

MOTHER FATHER

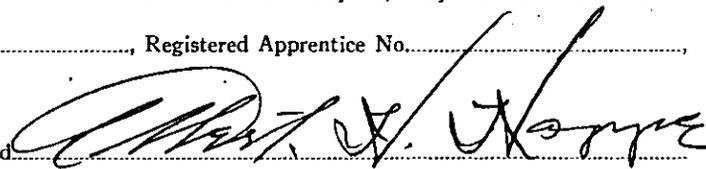
11. Industry or business.....
 12. Name Henry Clay Haley
 13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Rutherford
 15. Birthplace Macon City Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant Odonna Patterson
 (b) Address 3409 Brown Rd.
 17. (a) Burial (b) Date thereof 2-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Huntsville, Mo.
 18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.
 19. (a) FEB 15 1945 (b) E. G. M. Garrison
(City, town, or county) (Registrar's signature)

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. G. M. Garrison (M. D. or other).....
 Address 4487 N. Main Date signed 2-14-45

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.....



Licensed Embalmer No. 1861.....

P. O. Address.....

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.