

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 22 1945

Registration District No. 29

Primary Registration District No. 5379

Registrar's No. 61

1. PLACE OF DEATH:

(a) County DeKalb County

(b) City or town "Rural" Sherman
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 1/2 miles East of Cosby, Mo.
(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)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb

(c) City or town "Rural" Sherman
(If outside city or town limits, write "RURAL")

(d) Street No. 4 1/2 miles East of Cosby, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph N. Hailey

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Ada M. Hailey

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased September 18 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>11</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business Farm

12. Name Thomas Hailey

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

14. Maiden name Lena Fischer

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph W. Hailey

(b) Address RFD Cosby, Mo.

17. (a) burial (b) Date thereof 9/7/45
(Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo. Memorial Park Cem

18. (a) Signature of funeral director _____

(b) Address 319 So. 10th St. Joseph, Mo.

19. (a) 9/6/45 (b) Roscoe Davidson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 5
Year 1945 hour 5 minute 30P M.

21. I hereby certify that I attended the deceased from November 14 to Sept. 5, 1945
that I last saw him alive on Sept. 1, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Duration

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) (a) Means of injury

23. Signature W.B. Maxwell (M. D. or other) Dr.

Address Cosby, Mo. Date signed 9/5/45

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

1537

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 Frank A. Boema

Licensed Embalmer No. 1710

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.