V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

3006

State File No.

FILED JAN 21 1946

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

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

100480

**1. PLACE OF DEATH:**

(a) County Jasper

(b) City or town Joplin (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 25 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 408 West ~~1st~~ 13th (If rural, give location) 5

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William L Haley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife Mary Haley

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

7. Birth date of deceased May 1, 1864 (Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Jobe Haley
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mattie Carter
15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Miss Ferne Haley

(b) Address 408 West 13th, Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-45 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 12-20-45 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 16 year 1945 hour 10 minute 30 p.M.

21. I hereby certify that I attended the deceased from Jan 1, 1943, to Dec 10, 1945 that I last saw him alive on Dec 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic Valular heart

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 2 yrs

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 [signature] (M. D. or other)

Address 708 Pierce Bldg Date signed Dec 17 45

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(Licensed Embalmer's Statement on Reverse Side)

45-12-1016

## 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Me

**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.**