S. No. 2
M—2-43
7. 5-17-39
P I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17660

Registration District No. 278 | Primary Registration District No. 3054 | Registrar's No.

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 118 N. 3rd. (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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike
(c) City or town: Louisiana (If outside city or town limits, write "RURAL")
(d) Street No.: 118 N. 3rd. (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Frank Coleman Haley Jr.
3. (b) If veteran, name war: No.
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Ann
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: May (Month) 8 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
76	0	5	..... hr. ..... min.

9. Birthplace: Louisiana, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Funeral Director
12. Name (Father): Frank Coleman Haley Sr.
13. Birthplace (Father): Tenn. (City, town, or country) (State or foreign country)
14. Maiden name (Mother): Mary Jane Kingston
15. Birthplace (Mother): Carroll Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Frank C. Haley III
(b) Address: Louisiana, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cem. Louisiana
18. (a) Signature of funeral director: Haley Mortuary
(b) Address: Louisiana, Mo.
19. (a) 5/14/46 (Date received by local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1946 hour 5 minute 15 P. M.
21. I hereby certify that I attended the deceased from 6-3, 1945 to 5-13, 1946 that I last saw him alive on 5-13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Due to: Carcinoma of prostate — 1 year
Due to: .....
Other conditions (Include pregnancy within 3 months of death): Hypertension — 5 yr
Major findings: Of operations: Ca. of prostate
Of autopsy: None

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): None
(b) Date of occurrence: none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no. none (Specify type of place)
While at work? ..... (e) Means of injury: 0
23. Signature: O. L. Weeks (M. D. or coroner)
Address: Louisiana Mo. Date signed: 5-14-46

(Licensed Embalmer's Statement on Reverse Side)

255

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

16540

MAY 17 1946

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, [redacted] George O. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.