

FILED AUG 13 1946  
Registration District No. 572

Primary Registration District No. 6264

State File No. \_\_\_\_\_  
Registrar's No. 16

1. PLACE OF DEATH:

(a) County Webster  
(b) City or town Seymour, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(Rural) Haylewood Twp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME MARY MARLENA Hailey

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, 2 divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 18 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 13 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name John Clapender 1  
13. Birthplace Arkansas (City, town, or county) (State or foreign country)  
14. Maiden name Rena Emerson 1  
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. Hailey (son)  
(b) Address Seymour, Mo.

17. (a) Buried (b) Date thereof July 4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hailey cemetery

18. (a) Signature of funeral director Kelly Terrell Bergman  
(b) Address Seymour, Mo.

19. (a) Aug 1-46 (b) Gilbert Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 11  
(c) City or town Seymour Rural 1  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1946 hour 1200 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from June 20 1946 July 5 1946  
I last saw h. er alive on July 4 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas Duration 2 yr

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 46x

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?

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature A. Fuzon (M. D. or other) \_\_\_\_\_  
Address Waverly, Mo. Date signed July 7-46

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

RECEIVED

District Health Officer No. 6,

District File Number 846-857

Date Filed AUG 12 1946

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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.....

*H. H. Kelley*

Licensed Embalmer No.....

*3334*

P. O. Address.....

*Farmland, 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.**