

FILED FEB 20 5 1947

Registration District No. 209

Primary Registration District No. 3043

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

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1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
Residence 2129 Hope
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 2129 Hope
(If rural, give location)

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

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3. (a) PRINT FULL NAME James True Haley Sr.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mollie Belle Haley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 19, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>		<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Railroad

MOTHER FATHER

12. Name James T. Haley

13. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sara Jane Weddings

15. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James T. Haley Jr.

(b) Address 2129 Hope Street Hannibal

17. (a) Burial (b) Date thereof 1/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director H. Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 1-15-47 (b) H. E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
year 1947 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 21-46
Jan 11-47, 19____ to Jan 11-47, 19____;
that I last saw him alive on Jan 11-47
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction

Due to _____

Due to Chronic Nephritis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____

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? _____

23. Signature H. E. M. Lucke (M. D. or other) MD
Address 1217 Church St. Hannibal Mo
Date signed 1/14/47

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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 *W. Crawford Smith*.....

Licensed Embalmer No..... 3814.....

P. O. Address... Hannibal Missouri.....

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.