S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23707

Registration District No. 72 Primary Registration District No. 6289 Registrar's No.

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Rural, Gallatin Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home, RR# 8 North Kan. City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 45 Year's

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay 24
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: RR#8 North Kan. City, 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: X

3. (a) PRINT FULL NAME: WILLIAM O. HADLEY
3. (b) If veteran, name war:
3. (c) Social Security No. 487 03 2344

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. May Hadley
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: October (Month) 16 (Day) 1877 (Year)

8. AGE: Years 69 Months 8 Days 16 If less than one day X hr. X min.

9. Birthplace: Otumway (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Retired Foundry Worker
11. Industry or business: Unknown
FATHER
12. Name: Phillip M. Hadley
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name: Mary Ellen Reddington
15. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Mrs May Hadley
(b) Address: RR# 8 N.K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview, Liberty, Mo.
18. (a) Signature of funeral director: Morton-Smith's F.H.
(b) Address: 832 Armour Rd. NK. 6. Mo.
19. (a) July 3rd-47 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1947 hour 10:15 P.M. minute M.
21. I hereby certify that I attended the deceased from July 1 19 47 to July 1 19 47
that I last saw him alive on July 1 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Heart Failure — Duration
Due to: Coronary Thrombosis
Due to: senility
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Melvin Vaughan (M. D. or other)
Address: Mt Olivet Mo. Date signed 7-3-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 8-7-47

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 Chester L. Fleming, Registered Apprentice No. 449, working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address N. K. C. 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.