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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35374

Registration District No. 298

Primary Registration District No. 448

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Huntsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Johnson Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... years, months or days)

3. (a) PRINT FULL NAME James Earl Halley

3. (b) If veteran, name war..... 3. (c) Social Security No. 489-14-7342

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Lucy Grace Halley  
6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 7 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 3 28 hr. min.

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

10. Usual occupation coal miner

11. Industry or business

MOTHER FATHER

12. Name James L. Halley

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

14. Maiden name Mary E. Perkins

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

16. (a) Informant Mrs. Earl Halley

(b) Address Huntsville, Missouri

17. (c) burial (b) Date thereof 10/7/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Paul J. Patton

(b) Address Huntsville, Mo.

19. (a) 10/11/47 (b) Mrs. R. B. Barnhart  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Huntsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Johnson Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5  
year 1947 hour 10:00 A.M. minute M.

21. I hereby certify that I attended the deceased from Sept 3 1947 to Oct 5 1947  
that I last saw him alive on Oct 5 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to arterio-sclerotic

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

Major findings:  
Of operations none  
Of autopsy none

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?.....

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

23. Signature Dr. D. D. Dyer (M. D. or other) MD  
Address Huntsville Mo Date signed 10/9/47

RECEIVED  
District Health Officer No. 10  
District File Number 10-47-1423  
Filed OCT 15 1947

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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.