S. No. 2
M—5-43
r. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43960

Registration District No. 340 Primary Registration District No. 4503 Registrar's No. 32

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bernie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Bernie
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Mary Arabelle Hadley
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Martin Hadley
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased August (Month) 28 (Day) 1868 (Year)
8. AGE: Years 79 Months 3 Days 5 If less than one day ..... hr. ..... min.
9. Birthplace Nashville (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Housework
11. Industry or business —
FATHER 12. Name Frank Wright
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER 14. Maiden name Amanda McDaniel
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Bertie Wright
(b) Address Eldorado, Illinois
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Walker Cemetery near Bloomfield, Mo
18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell, Missouri
19. (a) 12-10-47 (Date received local registrar) (b) Lottie Jeffress (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd year 1947 hour ..... minute 10:00 P.M.
21. I hereby certify that I attended the deceased from October 5, 1947, to December 2, 1947 and that I last saw her alive on December 2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	10 days
Due to	
Due to	
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 F. O. Williams M.D.
Address Bernie Mo Date signed 12-7-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1242-1299
Date Filed 12-15-42

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.