FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 13 1948

Registration District No. 73

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4303

Primary Registration District No. 5291

Registrar's No. 18

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Rural Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution I.O.O.F. Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5½ years (Specify whether
In this community 5½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William C. Hahler

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of ~~husband~~ or wife unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 22 (Day) 1863 (Year)

8. AGE: Years 84 Months 6 Days 25 If less than one day hr. min.

9. Birthplace Sullivan (City, town, or county) Mo. (State or foreign country)

10. Usual occupation unknown

11. Industry or business

FATHER
12. Name Wm Hahler
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant I.O.O.F. Home Records
(b) Address Liberty, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18-48 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Home Liberty Mo

18. (a) Signature of funeral director Church-Cuchar Co
(b) Address Liberty, Mo

19. (a) Febry 18-1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 17
year 1948 hour 6 minute 3 AM.

21. I hereby certify that I attended the deceased from March 18, 1948, to Feb. 17, 1948; that I last saw him alive on Feb. 14, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	2 mos.
Due to: Cerebral arterio-sclerosis	20 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 97
Of autopsy

PHYSICIAN
Underline the cause of 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 S. O. Schroeder (M. D. or other) M.D.
Address Liberty, Mo. Date signed 2/18/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 3-12-48

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty 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.