S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1948

Registration District No. 241

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5824

Primary Registration District No. 4432

Registrar's No. 15

1. PLACE OF DEATH:

(a) County: PUTNAM

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

(c) Name of hospital or institution: /
(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: 25 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: PUTNAM

(c) City or town: LUCERNE
(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: WADE HAMPTON HALEY

3. (b) If veteran, name war: No

3. (c) Social Security No. 496-10-1624

4. Sex: MALE O

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED /

6. (b) Name of husband or wife: VADA C HALEY

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: MAY (Month) 23 (Day) 1874 (Year)

8. AGE: Years 73 | Months 8 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace: NEWTOWN (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: FARM

11. Industry or business: FARMING

FATHER
12. Name: HAMPTON WADE HALEY
13. Birthplace: SULLIVAN COUNTY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name: NANCY JONES
15. Birthplace: SULLIVAN COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: Mrs. Ember H. Powell
(b) Address: Boonville Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: FEB 20 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: LUCERNE CEMETERY

18. (a) Signature of funeral director: COMSTOCK FUNERAL HOME
(b) Address: UNIONVILLE, MO. BY John H. Comstock

19. (a) 2-22-48 (Date received local registrar) (b) Maxwell Dudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 16 year 1948 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from February, 1945, to ____, 19____; that I last saw him alive on February 9, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	30 min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Angina Pectoris	1 yr

Major findings:
Of operations: N/A
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: Marion Faubert (M. D. or other) MD
Address: Princeton, Mo. Date signed 2/18/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
Number 3-48-473
MAR 10 1948

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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville 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.