

ED SEP 13 1940

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 197

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stickler Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour
In this community 1 week
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Frances Rexaline Haley

8. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased July 15 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 1 11 hr. min.

9. Birthplace Brooklyn New York
(City, town, or county) (State or foreign country)

10. Usual occupation Actress

11. Industry or business Show

12. Name James Healey

13. Birthplace DK 9
(City, town, or county) (State or foreign country)

14. Maiden name DK 9
15. Birthplace DK 9
(City, town, or county) (State or foreign country)

16. (a) Informant O. G. Bass
(b) Address Kirkville Mo.

17. (a) Burial (b) Date thereof 8-28-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Davis Funeral Home

18. (a) Signature of funeral director Kirkville, Missouri

(b) Address Kirkville, Missouri
19. (a) Aug 28/40 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County unknown
(c) City or town Brooklyn
(If outside city or town limits, write "RURAL")
(d) Street No. Dk (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26th
year 1940 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dead on my arrival to —, 19—

that I last saw — alive on —, 19—

and that death occurred on the date and hour stated above.

Immediate cause of death Botulism Duration _____

Due to eating ham

Due to _____

Other conditions 1919
(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? —

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

23. Signature G. D. Davis D. O. coroner (Att. D. or other)

Address Kirkville, Mo. Date signed 8-27-40

RECEIVED

District Health Officer No. 10

District File Number 9-40-1728

Date Filed SEP 10 1940

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 Harold V. Vogel

Licensed Embalmer No. 4076

P. O. Address Ferksville,

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, above space should be left blank.