

REG. DIST. 13 1942  
Registration District No. ....

Primary Registration District No. 3023

Registrar's No. 21

1. PLACE OF DEATH

(a) County *Johnson*

(b) City or town *Warrensburg, Mo.*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
*Warrensburg Clinic*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *61*  
(Specify whether years, months or days)

In this community *61*

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Johnson*

(c) City or town *Warrensburg, Mo.*  
(If outside city or town limits, write "RURAL")

(d) Street No. ....  
(If rural, give location)

(e) Citizen of foreign country?  (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME *Susan Ettie Haller*

3. (b) If veteran, name war *none*

3. (c) Social Security No. *none*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *2-5-42* day *5* year *7* hour *15* minute *P* M.

21. I hereby certify that I attended the deceased from *1939* 19... to *2-5-42* 19...  
that I last saw her alive on *2-5-42* 19...  
and that death occurred on the date and hour stated above.

4. Sex *Female*

5. Color or race *white*

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

6. (b) Name of husband or wife *Henry Haller*

6. (c) Age of husband or wife if alive *65* years

7. Birth date of deceased *Dec-22-1880*  
(Month) (Day) (Year)

Immediate cause of death *carcinoma of liver*

Duration *?*

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) *468*

8. AGE: Years Months Days If less than one day

*61 1 13* hr. min.

9. Birthplace *Johnson Co. Mo.*  
(City, town, or county) (State or foreign country)

10. Usual occupation *Housekeeper*

11. Industry or business .....

12. Name *Moses Mc Daniels*

13. Birthplace *Unknown Unknown*  
(City, town, or county) (State or foreign country)

14. Maiden name *Julia Counts*

15. Birthplace *Unknown Unknown*  
(City, town, or county) (State or foreign country)

Major findings: Of operations *468*

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant *Henry Haller*

(b) Address *Warrensburg, Mo.*

17. (a) *Burial* (b) Date hereof *Feb-9-1942*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Adams Cem.*

18. (a) Signature of funeral director *Sweeney Phillips*

(b) Address *Warrensburg, Mo.*

19. (a) *Feb. 10. 1942* (b) *Seola M. Williams*  
(Date received local registrar) (Registrar's signature)

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? .....

(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 *0*

23. Signature *R. T. M. Long* (M. D. or other) *MD*

Address *Warrensburg, Mo.* Date signed *2-6-42*

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

Fact File Number: \_\_\_\_\_

Date Filed 3-11-42

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 \_\_\_\_\_

*Earl Priest*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Earl Priest*

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.