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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26596

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 73

1. PLACE OF DEATH:

(a) County Barry County
(b) City or town Cassville, Missouri
(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
In this community Most all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Cassville, 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Isabelle (Belle) Hailey

3. (b) If veteran, name war ---------- 3. (c) Social Security No. p----------

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Wm. W. Hailey 6. (c) Age of husband or wife if alive Decd. years

7. Birth date of deceased Oct (Month) 26th (Day) 1872 (Year)

8. AGE: Years 68 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Rocky Comfort (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Lambert
13. Birthplace D.K. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Susan Gressley
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Hazel Manley
(b) Address Fort Smith, Ark.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2. 41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill,

18. (a) Signature of funeral director Horine & Culver
(b) Address Cassville, Missouri

19. (a) Aug 20 1942 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31st year 1941 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from July 15th 1941 to Aug 31st 1941; that I last saw her alive on Aug 31st 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	5 days
Due to Exfoliative Dermatitis (Exact cause unknown)	1 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death) generalized arteriosclerosis	

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 Beau Newman (M.D. ~~[illegible]~~)
Address Cassville, Mo Date signed Sept 1st 41

1077 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 942-1343
Date Filed SEP 9 1942

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 P. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville, 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.

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26596

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 73

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Barry Co

(b) City or town Cassville
(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
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Isabelle (B) Hanley

3. (b) If veteran, name war [illegible] B.

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Wm H.

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

7. Birth date of deceased Oct (Month) 26 (Day) 187 (Year)

8. AGE: Years 68 Months 10 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day
year hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Exfoliative Dermatitis (exact cause unknown) and

Due to Chronic nephritis.

Other conditions generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131 b

Of autopsy

Duration

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 Geo W Newman (M. D. ~~or other~~)
Address Cassville, Mo Date signed