

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30743

State File No.

FILED OCT 8 1942

Registration District No. 181

Primary Registration District No. 5675-

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Rural Harrison  
(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  
In this community interic life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ia (b) County Linn  
(c) City or town Elsberg Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME George Washington Halley  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 6<sup>th</sup>  
year 1942 hour 6 minute P.—M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, 2 divorced, widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive        years  
7. Birth date of deceased 5 - 28 - 1849  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May, 1942, to Sept 6<sup>th</sup>, 1942.  
that I last saw him alive on Aug, 1942,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Prostatitis  
Duration two

8. AGE: Years 93 Months 3 Days 8  
If less than one day        hr.        min.

Due to epithelioma on the head  
Due to       

9. Birthplace Linn Co Ia  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Retired farmer

Major findings: 53  
Of operations

11. Industry or business

MOTHER FATHER  
12. Name Thomas A. Halley  
13. Birthplace Lynchburg Va.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Vermillion  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

Of autopsy  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs Kenneth Ogden  
(b) Address Cherry, Missouri

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?

17. (a) Burial (b) Date thereof 9 - 8 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation Mill Creek Cem

18. (a) Signature of funeral director Clifton Miller  
(b) Address Elsberg, Ia

23. Signature C. D. Bankhead (M. D. or other)  
Address Paynesville Ill Date signed Sept 4

19. (a) Oct 6 1942 (b) S. B. Williamson  
(Date received local registrar) (Registrar's signature)

**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 Sept 6-1944  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Clifton Miller*

Licensed Embalmer No. 3364

P. O. Address Elberon, Missouri

**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.**