

No. 2  
-12-45  
-17-39  
X47070

FILED JUL 3 1947

State File No. \_\_\_\_\_

Registration District No. 12

Primary Registration District No. 3003

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution 201 Pearl St. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether in this community years, months or days)

over six years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Monett  
(If outside city or town limits, write "RURAL")

(d) Street No. 201 Pearl St. 1  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country none

3. (a) PRINT FULL NAME Rosie Addie Hair

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1947 hour 12 minute 45 P.M.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Glarence Hair

6. (c) Age of husband or wife if deceased deceased

7. Birth date of deceased not known  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-9-47, 19, to 6-18-47, 19;  
that I last saw her alive on 6-18-47, 19;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>about 69</u>			hr. min.

Immediate cause of death Cerebral hemorrhage  
left hemiplegia

Due to Hypertension several years  
chronic interstitial nephritis

Other conditions (include pregnancy within 3 months of death)

9. Birthplace Pack County, Missouri  
(City, town, or county) (State or foreign country)

Major findings: Of operations 131A

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Home work

11. Industry or business None

12. Name William Paulkner

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

14. Maiden name Patricia Ellen Proctor

15. Birthplace Shelbyville, Kentucky  
(City, town or county) (State or foreign country)

16. (a) Informant Charlie Adams

(b) Address 201 Pearl St. Monett Mo.

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 June 20 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove - Buena Vista

18. (a) Signature of funeral director Ballarows

(b) Address Monett Mo.

19. (a) 6-20-47 (b) W.M. West  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature J. M. Mennig (M. D. or other) \_\_\_\_\_

Address Monett Mo. Date signed 6/20/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 647-687

Date Filed JUN 30 1947

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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 J. P. Buchanan  
Licensed Embalmer No. 3129  
P. O. Address Monett 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.