

Registration District No. 27 Primary Registration District No. 3025 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Waverly
(b) City or town West Plains, Mo
(c) Name of hospital or institution: Ingold Rest Home
(d) Length of stay: 6 months
In this community 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Waverly
(c) City or town West Plains
(d) Street No. Ingold Rest Home
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME Jaraw Carrington Hallaway
(b) If veteran, name war ✓ (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 29
year 1947 hour 4 minute 30 P.M.

4. Sex 77 5. Color or race W
6. (a) Single, widowed, married, divorced wid
(b) Name of husband or wife Mo Hallaway
(c) Age of husband or wife if alive 10-1868 years

21. I hereby certify that I attended the deceased from 29 May 47 to 2 June 47
that I last saw her alive on 29 May 47
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Acute Pulmonary Edema
Atherosclerosis

8. AGE: Years 84 Months 4 Days 22
9. Birthplace Kansas City, Mo.

Due to: _____
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

MOTHER FATHER
12. Name Edward Bruce
13. Birthplace Tenn.
14. Maiden name Bruce
15. Birthplace Tenn.

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Howard Hallaway
(b) Address West Plains, Mo
17. (a) 12 (b) Date thereof 6-4-1947
(c) Place: burial or cremation Funerary
18. (a) Signature of funeral director Roberts
(b) Address West Plains, Mo
19. (a) July 1-1947 (b) Beatrice Cook
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? _____
23. Signature Robert M. D. (M. D. or other) U.D.
Address West Plains, Mo Date signed 30/6/47

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

RECEIVED

District Health Officer No. 6,

District File Number 74-73-10

Date Filed 7-8-47

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

Robert J Drago, Registered Apprentice No. 437
working under my personal supervision.

Signed Paige A Roberts

Licensed Embalmer No. 34385

P. O. Address Westham

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.