

STANDARD CERTIFICATE OF DEATH

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

FILED AUG 2 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 4024

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Barry  
 (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

3. (a) PRINT FULL NAME NANCY ANN HAILEY

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

4. Sex FE / 5. Color or race W 6. (a) Single, widowed, married, divorced W 2  
 (b) Name of husband or wife Newton Hailey 6. (c) Age of husband or wife if alive Dec. 18, 1843 years  
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 101 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name William Mc Kinney

13. Birthplace do not know (City, town, or county) (State or foreign country)

14. Maiden name Sally Legg

15. Birthplace do not know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Electa Mitchell

(b) Address Cassville, Mo.

17. (a) burial (b) Date thereof 6/21/45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cassville, Mo.

18. (a) Signature of funeral director W. H. Moore

(b) Address Cassville, Mo.

19. (a) July 16, 1945 (b) Grace Williams (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BARRY 5  
 (c) City or town CASSVILLE (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month June day 18 year 1945 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from May 1944 to June 18 1945 that I last saw her alive on June 18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 3 hrs.

Due to Senility (due to age 101 yrs.) 5 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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

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? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Mary Jane Ruthenett (M. D. or other) M. D.

Address Cassville, Missouri Date signed 6-27-45

RECEIVED

District Health Officer No. 6,

District File Number 745-844

Date Filed JUL 31 1945

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.....

*E. M. Joiner*

Licensed Embalmer No. 3453

P. O. Address CASSVILLE, 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, fact should be so stated above.