

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37228

State File No.

Registration District No. 177

Primary Registration District No. 3003

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Monett - Forest Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North 4th street
(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 over 40 years
years, months or days)

3. (a) PRINT FULL NAME James Austin Haley

3. (b) If veteran, name war none 3. (c) Social Security No 491-12-2575

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased July 27 1889
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 14 If less than one day hr. 3 min.

9. Birthplace Lawrence Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Concrete Finisher

11. Industry or business none

12. Name John S. Haley
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Tolliver
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Bertha Haley

(b) Address N. 4th st Monett Mo

17. (a) Burial (b) Date thereof 11-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DOOF Cem. Monett Mo

18. (a) Signature of funeral director Dillon Funeral Home

(b) Address 102 Dunn st. Monett Mo

19. (a) 11-13-48 (b) W. M. West
(Date received local registrar) (Registrar's signature) (Date)

2. USUAL RESIDENCE OF DECEASED:

(a) State Monett Mo, (b) County Lawrence
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. North 4th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1948 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Nov 9
2 - 1948 to Nov 11 - 1948
that I last saw him alive on Nov 11, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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?

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

23. Signature [Signature] (M. D. or other) MD

Address Monett Mo Date signed 11-13-48

RECEIVED

District Health Officer No. 6,

District File Number ~~12-4-48~~

Date Filed 12-4-48 1248-1305-

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. 3179

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.