

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. St. Hospital 2) St. _____ Ward _____

File No. 85115
Registered No. 11041

2. FULL NAME Andrew Jackson Halland

(a) Residence, No. Faring City, Mo St. _____ Ward. Faring City, Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs A. J. Halland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 5, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>6</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John Halland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Faring City, Mo DATE Oct 20, 1938

19. UNDERTAKER (ADDRESS) Luigi Wilson Faring City, Mo

20. FILED Oct 19, 1938 H. H. Kettlewell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1938 to Oct 19, 1938

I last saw him alive on Oct. 18, 1938. Death is said

to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiovascular Renal Disease

Other contributory causes of importance: Sensibility

Name of operation _____ Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) R. Kuhlmann M. D.
(Address) State Hospital No. 2

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.

STATEMENT BY LICENSED EMBALMER

G. M. Atkinson, Licensed Embalmer No. 2279

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by Myself

or by _____, Registered Apprentice No. _____

(Signed) G. M. Atkinson
Licensed Embalmer No. 2279

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license.)