

1887 JAN 11 1939

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

44375  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois 2 Registration District No. 773  
 (b) Township " " Primary Registration District No. 4464  
 (c) City Farmington 1 (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Thomas Herbert Halmer  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Della (Johnson) Halmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1874

7. AGE YEARS 66 MONTHS 6 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as 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) St. Francois Co Mo  
 (STATE OR COUNTRY) near Farmington

13. NAME Henderson Halmer

14. BIRTHPLACE (CITY OR TOWN) Tenn  
 (STATE OR COUNTRY) 1

15. MAIDEN NAME Martha Warlington

16. BIRTHPLACE (CITY OR TOWN) Ala  
 (STATE OR COUNTRY) 1

17. INFORMANT Cyrus Henderson Halmer  
 (ADDRESS) Farmington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE M. E. Cox Suburban DATE Jan 8, 1939

19. FUNERAL DIRECTOR Widener Used Co  
 (ADDRESS) Farmington Mo

20. FILED Jan 3, 1939 B. F. Robinson  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1938

22. HEREBY CERTIFY, That I attended deceased from Aug 1, 38 to Dec 31, 38, 1938  
 I last saw him alive on Dec 10, 1938 Death is said to have occurred on the date stated above, at 11 P M.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
Arterio Sclerosis  
 Other contributory causes of importance: 93C

Name of operation Clean Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) R. Applegate, M. D.  
Farmington Mo (Address) \_\_\_\_\_

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.

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STATEMENT BY LICENSED EMBALMER

I, C J Flayd, Licensed Embalmer No. 3527

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. CO  
Signed C J Flayd  
Licensed Embalmer No. 3527

**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.)**