

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

4155
 Do not use this space.

REC'D FEB 16 1939

1. PLACE OF DEATH
 (a) County Linn Registration District No. 1021
 (b) Township Clinton Primary Registration District No. 4196
 (c) City Waverly (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 Amelia Halubar
 (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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank J Halubar</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-4-1894</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>4</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>		
10. Date deceased last worked at this occupation (month and year) <u>1-16-39</u>		11. Total time (years) spent in this occupation <u>16</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>Joseph Huber</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Paula Grover</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Frank J Halubar</u> <u>Waverly Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wenwood Cem</u> DATE <u>1-18-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wm. J. Stapp</u> <u>Waverly Mo</u>		
20. FILED <u>Jan 17 1939</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17, 1939

22. I HEREBY CERTIFY That I attended deceased from viewed the body 1/17/39, 1939
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 a. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
 Date of onset _____

Other contributory causes of importance:
82 W

Name of operation _____ Date of _____
 What test confirmed diagnosis? guied 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?
 If so, specify _____
 (Signed) R.A. Ryan
 (Address) Waverly Mo

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.