

33 NOV 22 1939

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

35756  
Do not use this space.

1. PLACE OF DEATH Cass 2

(a) County Cass Registration District No. 157  
 (b) Township Pleasant Hill Primary Registration District No. 4091 Registered No. 35  
 (c) City Pleasant Hill (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Rachel Jane Halwell

(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 Female 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 John Halwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
71 5 9

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

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 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1939, to Oct 4, 1939  
 I last saw her alive on Oct 1, 1939. Death is said to have occurred on the date stated above, at 7:40 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Met. Regurgitation  
Auricular Fibrillation  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 92. W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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  
 If so, specify \_\_\_\_\_  
 (Signed) R. W. Murray, M. D.  
 (Address) Pleasant Hill, Mo.

12. BIRTHPLACE (CITY OR TOWN) Ballard  
 (STATE OR COUNTRY) Boone Co. Mo.

FATHER  
 13. NAME James Maxwell Blair  
 14. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY) \_\_\_\_\_

MOTHER  
 15. MAIDEN NAME Mary B. Hendrick  
 16. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Norma E. Raywell  
 (ADDRESS) Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL.  
 PLAC Union Mo. DATE 10/5/39

19. FUNERAL DIRECTOR (NAME) D. W. Notenburg  
 (ADDRESS) Pleasant Hill, Mo.

20. FILED Oct-6-1939 Mrs. Etta M. Aldridge  
 Local Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

CENTRAL BOARD OF HEALTH  
STATE OF CALIFORNIA

**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,

*D. A. Nofsinger*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*D. A. Nofsinger*

Licensed Embalmer No.

*3958*

P. O. Address

*Pleasant Hill*

**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.**