DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40299

DEC 1 1939 — DEC 22

Registration District No. 571 — Primary Registration District No. 5769 — Registrar's No. 57

1. PLACE OF DEATH:
(a) County: Moniteau
(b) City or town: Walker Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Moniteau
(c) City or town: Walker T. P.
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Christ Hallering 465
3. (b) If veteran, name war: .....
3. (c) Social Security No. .....
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: .....
6. (b) Name of husband or wife: Anna
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: Apr (Month) 23 (Day) 1871 (Year)
8. AGE: Years 68 Months 7 Days ..... If less than one day ..... hr. ..... min.
9. Birthplace: Moniteau (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: .....
12. Name of father: George Hallering
13. Birthplace of father: Germany (City, town, or country) (State or foreign country)
14. Maiden name of mother: Katherine Kistler
15. Birthplace of mother: Germany (City, town, or country) (State or foreign country)
16. (a) Informant's own signature: Earl Hallering
(b) Address: California Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11 (Month) 25 (Day) 39 (Year)
(c) Place: burial or cremation: Mentor Church
18. (a) Signature of funeral director: Williams & Friedmeyer
(b) Address: California Mo
19. (a) 11-24-39 (Date received local registrar) (b) H.R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1939 hour 9 minute 20 A. M.
21. I hereby certify that I attended the deceased from Nov. 22, 1939, to Nov. 23, 1939, that I last saw him alive on Nov. 22, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: .....
23. Signature: L. J. O'Bannon (M.D. or other) DO
Address: California Date signed: .....

(Licensed Embalmer's Statement on Reverse Side)

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

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. ~~2854~~ working under my personal supervision.

Signed H E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California M

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

If this body is not embalmed, above space should be left blank.

o. 2B
-21-40
X22059

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40299

Registration District No. 571 Primary Registration District No. 5769 Registrar's No. 57

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Moniteau
(b) ~~City or town~~ Walker rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 465 Christ x Hollering x
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	7		hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 11-24-39 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

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that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

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Major findings: Of operations	
Of autopsy	

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(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature K. J. O'Banion (M. D. or other)
Address California Mo Date signed