No. 2
1-1-39
17-5-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21262

JUL 12 1940

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 667

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

1. PLACE OF DEATH:

(a) County Buchanan 1

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Metho. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 18 hours 25 min. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 2405 faraon (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME ALLEN HALLER 460

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June (Month) 17th. (Day) 1940 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	18 hr. 25 min.

9. Birthplace St. Joseph (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation (Infant)

11. Industry or business 0

FATHER
12. Name Monte H. Haller 0
13. Birthplace Boonville (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Evelyn Melkersman
15. Birthplace Boonville (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Monte H. Haller

(b) Address 2405 Faraon St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 19 (Day) 40 (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address 1946 Calhoun St. Joseph, Mo.

19. (a) June 19 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th. year 1940 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from June 17, 1940 to June 18, 1940 that I last saw him alive on June 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth Born at 7 mo gestation — Duration 1 hr

Due to .....

Due to 159

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy no

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) no

(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? 85 — (Specify type of place)

While at work? no (e) Means of injury —

23. Signature H. D. Kearby (M. D. ~~or other~~) 1

Address St Joseph Mo Date signed 6-18-40

(Licensed Embalmer's Statement on Reverse Side)

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 C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

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

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