

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH **BUCHANAN**
(a) County **BUCHANAN**
(b) City or town **ST. JOSEPH**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **STATE HOSPITAL No. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 years 3 months**
(Specify whether years, months or days)
In this community **4 yrs 3 months, 1 day**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Halden**
3. (b) If veteran, name war **-**
3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mrs Pearl Halden** 6. (c) Age of husband or wife if alive? **29** years
7. Birth date of deceased **January 29 1890**
(Month) (Day) (Year)

8. AGE: Years **50** Months **0** Days **23** If less than one day **hr. min.**

9. Birthplace **Centerville Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **R.R. Switchman**

11. Industry or business

MOTHER FATHER { 12. Name **John Halden**
13. Birthplace **Scotland**
(City, town, or county) (State or foreign country)
14. Maiden name **Elyzabeth Milancher**
15. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records State Hoop # 2**

(b) Address **St. Joseph, Mo.**

17. (a) **Removal** (b) Date thereof **2-23-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centerville Iowa**

18. (a) Signature of funeral director **H.O. Siden**
(b) Address **1802 Union St. St. Joseph, Mo.**

19. (a) **2/23/41** (b) **H.J. Halden**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas city**
(If outside city or town limits, write "RURAL")
(d) Street No. **406 W. 14th St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **22**
year **1941** hour **4** minute **20** 9: A.M.

21. I hereby certify that I attended the deceased from **January 15**, 1941, to **February 22**, 1941;
that I last saw him alive on **February 21**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Syphilitic Meningo-Encephalitis with Psychosis**
Due to **Hypostatic Congestion of lung**
Duration **1934**
2-13-41

Other conditions (include pregnancy within 3 months of death) **30**

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? **no**

(Specify type of place) While at work? **no** (e) Means of injury: **no**

Signature **D.F. Johnson** (M. D. or other) **M.D.**

Address **State Hoop # 2** Date signed **2-22-41**

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

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 *Blair E. Hodges*

Licensed Embalmer No. 2729

P. O. Address 1802 Union St
St Joseph Mo

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, fact should be so stated above.