

FILED APP 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10271

Registration District No. 124

Primary Registration District No. 3009

Registrar's No. 100

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU
 (b) City or town CAPE GIRARDEAU
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
SOUTH EAST MISSOURI HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 DAYS
 In this community ABOUT 44 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU
 (c) City or town JACKSON MO
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME SENETA HALDAMAT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED6. (b) Name of husband or wife D. C. L. HALDAMAT 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased AUGUST 8 1852
(Month) (Day) (Year)8. AGE: Years 88 Months 7 Days 7 If less than one day hr. _____ min. _____9. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name ABRAHAM HART13. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)14. Maiden name NANCY SMITH15. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Daniel Haldamat(b) Address Bismarck MO17. (a) BURIAL (b) Date thereof 3-18-1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation RUSSELL HEIGHTS-CEM18. (a) Signature of funeral director WILSON-STALEN SEABAUGH(b) Address JACKSON MO19. (a) 3-17-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1941 hour 9 minute _____ M.21. I hereby certify that I attended the deceased from March 12, 1941, to March 16, 1941;
that I last saw him alive on March 14, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Fractured Hip Duration 3 days

Due to _____

Due to _____

Other conditions Heart Condition, failure 1 day
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 3-15(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? 121While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature W. J. Thompson (M. D. or other) _____Address JACKSON MO Date signed 3-17-41

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

1984

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.

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Registration District No. 125

Primary Registration District No. 3009

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Gir
(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)

3. (a) PRINT FULL NAME

Serena Haldaman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced and
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 88 Months 7 Days 7 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw h. _____ alive on _____
and that death occurred on the date and hour stated above.
Immediate cause of death: Fractured Hip Duragon

Due to myo Carditis
Due to myo Cardial failure

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) accident

(b) Date of occurrence 3-12-41

(c) Where did injury occur? at home

(d) Did injury occur in or about home, on farm, in industrial place, in public place? End in her house

(Specify type of place)

While at work? (e) Means of injury Fractured Hip

23. Signature R. L. Neubergher (M. D. or other)

Address Jackson Mo Date signed 6-8-41

S-10271 1941

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, fact should be so stated above.