No. 2
1-10-39
17-39
X21492

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

APR 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10375

Registration District No. 183 Primary Registration District No. 6-2-53 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Christian

(b) City or town rural - Logan Pa (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 years, months or days)

In this community all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Rural - Nixa R. #1. (If outside city or town limits write "RURAL")

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME Maggie Rachel Halder

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex Female

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 7 1888 (Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Henry Clay Willoughby
13. Birthplace (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Margret Sanders
15. Birthplace (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant W Henry Halder
(b) Address Nixa, Mo. R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Delaware Cem.

18. (a) Signature of funeral director F W Maples
(b) Address Clever - Mo

19. (a) April 5 1941 (Date received local registrar) Ida B. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 22nd year 1941 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to Mar. 22, 1941 that I last saw her alive on Mar 22, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart failure	
Due to unknown	
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 Richard E. Mitchell (M. D. or other) DO
Address Ozark, Missouri Date signed 4/3/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 441-603
Date Filed APR 11 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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, Mo.

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

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