

13-40
17-39
X23159

MAY 13 1941

Registration District No. **210**

Primary Registration District No. **2001**

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

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
713 South Avenue
(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 **1**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Springfield,** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **713 South Avenue** **6**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Charles E. Haldeman**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Dique Mosher Haldeman**

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

7. Birth date of deceased **January 31, 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	2	17	hr. _____ min. _____

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

10. Usual occupation **Retired**

11. Industry or business **Unknown**

MOTHER FATHER

12. Name **James R. Haldeman**

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

14. Maiden name **Isabel Sparrow**

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

16. (a) Informant **Mrs. Dique M. Haldeman**

(b) Address **Springfield, Missouri**

17. (a) **Removal** (b) Date thereof **4/21/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **4-21-41** (b) **W. E. Haudley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **18th**
year **1941** hour **2:30** minute _____ P.M.

21. I hereby certify that I attended the deceased from **Sept 10, 1940**
to **April 18, 1941**
that I last saw him alive on **April 17, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **1 year**

Due to _____

Due to _____

Other conditions **Mitral Stenosis**
(Include pregnancy within 3 months of death)

Auricular Fibrillation

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?
C. Mo. 984

While at work _____ (Specify type of place)
(e) Means of injury _____

Signature **Jenneth Coyett** (M. D. or other) _____
Address **Springfield, Mo** Date signed **4-19-41**

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

Wayne Finckle

Licensed Embalmer No.

27444

P. O. Address

Springfield

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.

X