

No. 2
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FILED JUN 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17658**

Registration District No. **222**

Primary Registration District No. **5303**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **COOPER**
(b) City or town **PILOT GROVE TOWNSHIP (RURAL)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 MILES ON HIGHWAY 403
(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 **WEBSTER W. HALLETT**

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 **MARRIED**

6. (b) Name of husband or wife **EMMALINE HALLETT** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **NOVEMBER 2 1901**
(Month) (Day) (Year)

8. AGE: Years **39** Months **6** Days **16** If less than one day _____ hr. _____ min.

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

10. Usual occupation **ATTORNEY AT LAW**

11. Industry or business _____

12. Name **W.H. HALLETT**

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

14. Maiden name **LE VERNE WILSON**

15. Birthplace **BATES COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. W.W. HALLETT** **MISSOURI**

(b) Address **NEVADA**

17. (a) (Burial, cremation, or removal) **REMOVAL** (b) Date thereof **MAY 19 - 1941**
(Month) (Day) (Year)

(c) Place: burial or cremation **NEVADA MISSOURI**

18. (a) Signature of funeral director **STEGNER & KOENIG** **200**

(b) Address **BOONVILLE, MO.**

19. (a) **May - 29/41** (b) **Mrs. M. P. Pritchard**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **VERNON** **189**
(c) City or town **NEVADA** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **/**
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **18th** year **1941** hour **11** minute **55** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on **Never seen Alive**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Fracture of Skull

Due to _____

Due to **Automobile Accident**

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

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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 **May 17th. 1941**

(c) Where did injury occur? **On highway #40**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **On Highway # 40 10 miles W. Boonville**
While at work? **NO** (Specify type of place) (e) Means of injury _____

23. Signature **L. J. Meister Coroner**
Address **Boonville, Mo.** Date signed **5/23/41**

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

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17026
98

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

James W. Stegner

Licensed Embalmer No. *3780*

P. O. Address *Boonville, Va.*

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

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 222

Primary Registration District No. 5303

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Cooper
- (b) City or town Pilot Grove T.P.
(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)

- 3. (a) PRINT FULL NAME Hebster Hallett
- 3. (b) If veteran, name war _____
- 3. (c) Social Security No. _____

- 4. Sex M 5. Color or race W
- 6. (a) Single, widowed, married, divorced M

- 6. (b) Name of husband or wife _____
- 6. (c) Age of husband or wife if allve _____ year

- 7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>6</u>	<u>16</u>	_____ 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 _____
(Burial, cremation, or removal) (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 May day 17
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 _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Fracture of skull
Due to auto accident

Due to Head-On Collision with
Byer's Transport Trailer

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

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) acc.

- (b) Date of occurrence May 17, 1941

- (c) Where did injury occur? On Highway 40
(City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
10 mi W of Boonville Mo

(Specify type of place)

While at work? _____ (e) Means of injury _____

- 23. Signature L. J. Meintor Covoni
(M. D. or other)

Address 1900 mi W 7th Mo Date signed July 18, 1941

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

MOTHER FATHER

SUPPLEMENTAL

S-17658