

REGISTRATION DISTRICT No. 477

Primary Registration District No. 4388

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Labelle
(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 _____
In this community 83 yrs. 8 Mo. 14 day
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Labelle
(If outside city or town limits, write "RURAL")
(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 July day 12 th
year 1941 hour 9 o'clock _____ M.
21. I hereby certify that I attended the deceased from April 10
_____, 1941, to July 12, 1941;
that I last saw him alive on July 12, 1941;
and that death occurred on the date and hour stated above

Immediate cause of death Infection Gall Bladder Duration 3 Weeks

Due to _____
Due to _____
Other conditions Diabetes Mellitus 47 years
(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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. H. Pellant (M. D. or other) _____
Address Labelle Mo. Date signed _____

3. (a) PRINT FULL NAME Samuel W. Haldeman

3. (b) If veteran, name war No. 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Arnie W. Haldeman 6. (c) Age of husband or wife if alive 80 years

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

8. AGE: Years 1857 Months 10 Days 28 If less than one day hr. min.

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

10. Usual occupation Merchant & Farmer

11. Industry or business _____

12. Name James Haldeman

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

14. Maiden name Hanna Nixon

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

16. (a) Informant Arnie W. Haldeman

(b) Address Labelle Mo.

17. (a) Burial (b) Date thereof July 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Labelle Cemetery

18. (a) Signature of funeral director Norman D. Black

(b) Address Labelle Mo.

19. (a) _____ (b) 907 (Registrar's signature)

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

2600

RECEIVED

District Health Officer No. 10

District File Number 8-41-1459

Date Filed AUG 13 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 Norman D. Bodie
Licensed Embalmer No. 3721
P. O. Address LaBelle, 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, above space should be left blank.

STANDARD CERTIFICATE OF DEATH

State File No. 25465
Registrar's No. 58

Registration District No. 477

Primary Registration District No. 4388

1. PLACE OF DEATH

(a) County Lewis
(b) City or town La Belle
(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
In this community 83 yrs 8 mo 14 (Specify whether years, months or days)

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.....

3. (a) PRINT FULL NAME

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

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... Years.....

7. Birth date of deceased October 28
(Month) (Day) (Year)

8. AGE: Years 185783 Months 10 Days 28 If less than one day.....

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) July 14, 1941 (b) P. W. Jennings
(State received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day..... year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....; that I first saw him..... alive on..... 19.....; and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?.....

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

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

MOTHER FATHER

SUPPLEMENTARY

S-25465