

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32441
Registrar's No. 1064

Registration District No. 222

Primary Registration District No. 4463

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Elmwood Mo.
(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) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Francois
(c) City or town Elmwood 094
(If outside city or town limits, write "RURAL") 3
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MABEL HALBROCK
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept, day 18, year 1941 hour 2 am 1 M.
21. I hereby certify that I attended the deceased from Sept 16 1941 to Sept 18 1941, and that I last saw her alive on Sept 17 1941, and that death occurred on the date and hour stated above.

4. Sex 7 1 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Halbrock 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased July 22 1906
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 13 B
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
35 1 26 hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
12. Name James Radford
13. Birthplace Mo.
(City, town, county) (State or foreign country)
14. Maiden name Viola Rees
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Fontie Halbrock
(b) Address Elmwood Mo.

17. (a) Burial (b) Date thereof 9-22-41
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Reynolds Co Mo.

18. (a) Signature of funeral director Calderwood
(b) Address 7141 River Mo.

19. (a) 9-19-41 (b) E. B. Brown
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.

While at work _____ (Specify type of place) Means of injury _____
23. Signature P. H. Gab (M. D. or other)
Address Bismarck Mo Date signed 9/18-41

109 (Licensed Embalmer's Statement on Reverse Side)

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

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.