

DEC 31 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 6042

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County SALINE  
 (b) City or town RURAL HARDIN  
 (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 \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SALINE  
 (c) City or town HARDIN  
 (If outside city or town limits, write "RURAL")  
 (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 LAWRENCE EDWARD HALTERMAN

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Oct 27 1913  
 (Month) (Day) (Year)

8. AGE: Years 28 Months 1 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation News PAPER

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name CHARLES HALTERMAN

13. Birthplace Rea Co Mo  
 (City, town, or county) (State or foreign country)

14. Maiden name CHRISTINA HALTERMAN

15. Birthplace HARDY Co West Virginia  
 (City, town, or county) (State or foreign country)

16. (a) Informant MR CHARLES HALTERMAN

(b) Address HARDIN Mo

17. (a) HARDIN (b) Date thereof Dec 28 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Don Start

(b) Address MARSHALL

19. (a) Dec 26 1941 (b) C. L. Chewitt  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25<sup>th</sup>  
 year 1941 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 9 P.M. Inquest Dec 25 - Junction, 1941  
 that I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck - Crushed skull  
 Due to Highway accident

Due to \_\_\_\_\_

Other conditions 1700-6 22  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy No. - Inquest

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 097

(b) Date of occurrence Dec 25, 1941 10:45 P.M.

(c) Where did injury occur South of Marshall Saline Mo  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Junction of highway 65 & 40  
 While at work? On way to Saline Co  
 (Specify type of place) (Means of injury)

23. Signature C. L. Chewitt (M. D. or other) 097

Address Marshall Mo Date signed 12-26-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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, fact should be so stated above.**