No. 2

X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 19

Registration District No. 23

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26662

Primary Registration District No. 3006-5118

Registrar's No. 139

1. PLACE OF DEATH:

(a) County: Boone

(b) City or town: Columbia (City)

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

(c) Name of hospital or institution: Boone County Hospital 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 Weeks (Specify whether years, months or days)

In this community: 5 Weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State: Virginia (b) County: Norfolk 999

(c) City or town: Portsmouth 44

(If outside city or town limits, write "RURAL")

(d) Street No.: 0

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 2

3. (a) PRINT FULL NAME: THOMAS OTIS HALVERSTADT

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Inez Lower Halverstadt

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

7. Birth date of deceased: 4 (Month) 15 (Day) 1884 (Year)

8. AGE: Years 58 | Months 2 | Days 23 | If less than one day: hr. min.

9. Birthplace: (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation: Truck Driver

11. Industry or business:

FATHER

12. Name: Emmor Halverstadt

13. Birthplace: Not Known (City, town, or county) 9 (State or foreign country)

MOTHER

14. Maiden name: Lina Green

15. Birthplace: Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs. Thomas O. Halverstadt

(b) Address: Portsmouth, Virginia

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7-8-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Stroh, Indiana

18. (a) Signature of funeral director: Barber Funeral Service

(b) Address: Columbia, Mo.

19. (a) 7-8-1942 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1942 hour 1:15 minute A. 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: Pulmonary Embolism

Due to: and Thrombosis.

Due to: Automobile Injury. Proved by Autopsy

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

Major findings:

Of operations:

Of autopsy: Pulmonary Embolism

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): 810

(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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Morris McAdam (Coroner) (M. D. or other)

Address: Columbia Mo. Date signed 7/8/42

1256 (Licensed Embalmer's Statement on Reverse Side)

Phone 8688

SEP 30 1942

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 M. D. McKitrick

Licensed Embalmer No. 3893

P. O. Address Calumpsie Md.

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

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

. S. No. 2B
DM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 139

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone Co. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 wks. (Specify whether years, months or days)
In this community 5 wks.

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 Thomas O. Halverstadt
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 alive — years
7. Birth date of deceased April (Month) 15 (Day) 1884 (Year)
8. AGE: Years 58 Months 2 Days 22 If less than one day hr. min.
9. Birthplace Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Truck driver
11. Industry or business
MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1942 hour 4:15 minute A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pulmonary Embolism
& Thrombosis
Due to
Automobile Injury
Due to collision of his Dodge & other
& Internal injury Prior
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) accident
(b) Date of occurrence July 8 1942
(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? State highway (40) (Specify type of place)
While at work? (e) Means of injury
23. Signature Marvin McDaniel (Coroner) (M.D.) (other)
Address Columbia Mo. Date signed 8/26/42

SUPPLEMENTARY

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(8688)

SEP 30 1991

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