

FILED DEC 8 1942 274

State File No. _____

Registration District No. _____

Primary Registration District No. 5922

Registrar's No. 372

1. PLACE OF DEATH:

(a) County Pettis Beaman-Rural Route 1

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

(c) Name of hospital or institution: Beaman Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 64 Years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Pettis

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

(d) Street No. Beaman Route 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Joseph Hallahan

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

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

6. (b) Name of husband or wife Maggie Hallahan 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb. 28 1868
(Month) (Day) (Year)

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

74 8 22 hr. min.

9. Birthplace Howard Co., Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Hallahan

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

14. Maiden name Mary Kahler

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

16. (a) Informant Mrs. Edward Hallahan
Beaman Route 1

17. (a) Burial (b) Date thereof Nov. 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director McLaughlin Bros
Sedalia Mo.

(b) Address _____

19. (a) 11/23/42 (b) J. J. Peyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 14 1942 to Nov 30 1942 that I last saw him alive on Nov 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis

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)

(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 E. J. Peyer (M. D. or other) _____
Address Beaman Route 1 Date signed 11/23/42

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

8000

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-2-42

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.....

Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Seaside 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.