

FILED FEB 9 1943

Registration District No. 46

Primary Registration District No. 5155

State File No.

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Rural - New York Twp
(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 15 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell
(c) City or town Rural
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLEO B. HALSTEAD.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Married
6. (b) Name of husband or wife Logan Halstead 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Aug 27 1880 (Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Do Not Know 9
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Do Not Know 9
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Logan Halstead
(b) Address Hamilton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton Mo

18. (a) Signature of funeral director Bran + Dow
(b) Address Hamilton Mo
19. (a) 2-2-43 (Date received local registrar) (b) Mrs Vivian Budgewater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1943 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Jan 11 1943 to Jan 11 1943
that I last saw her alive on Jan 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 83a

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) (c) Month of injury _____
23. Signature Henry K. Estler (M. D. or other) MD
Address Hamilton Mo Date signed Jan 12, 1943

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Morris A. Brown
Licensed Embalmer No. 3918
P. O. Address Hamilton 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.