

V. S. No. 2
M-11-10-39
5-17-39
X21492

9479

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 14 1943
Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: Memorial Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community 53 years
years, months or days

3. (a) PRINT FULL NAME Anna Halfert

8. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife John Halfert

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: April 27 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>10</u>	<u>16</u>	hr. min.

9. Birthplace: Nicolas Co. Ky
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business _____

MOTHER FATHER

12. Name Hiram Gifford

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

14. Maiden name gran M. Unk

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

16. (a) Informant Mrs Celeta Erickson

(b) Address Amsterdam Mo.

17. (a) Burial (b) Date thereof 3-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scott Cemetery

18. (a) Signature of funeral director Preher & Mangold

(b) Address Amsterdam

19. (a) March 4, 1943 (b) Max Marvin Crompton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2

(c) City or town 5 miles east Amsterdam
(If outside city or town limits, write "RURAL")

(d) Street No. Elkhart Twp.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 13
year 43 hour 3:45 minute _____ M.

21. I hereby certify that I attended the deceased from Mar. 8
1943 to Mar. 11, 1943

that I last saw her alive on Mar. 11, 1943
and that death occurred on the date and hour stated above,

Immediate cause of death Hypertension
Cardiac failure as result
of hypertension.

Due to Cause unknown

Due to _____

Other conditions 93 x 2
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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. E. Robinson (M. D. or other) _____

Address Adrian, Mo. Date signed 3-15-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1506

RECEIVED

District Health Officer No. 71

District File Number 3-43-81

Date Filed 4-10-43

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 L. A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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, above space should be left blank.