V. S. No. 2
0M—9-4-41
5-17-39
X29484

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. 10536

FILED APR 12 1945

Registration District No. ..... Primary Registration District No. 3127 Registrar's No. 26

49 6 2

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Neosho City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 619 W. 3rd. St. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Neosho City (If outside city or town limits, write "RURAL")
(d) Street No. 619 W 3rd St (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Hallenberger
3. (b) If veteran, name war —
3. (c) Social Security No. 500-09-4311
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie Hallenberger
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May (Month) 6 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
65	9	28	hr. ..... min.

9. Birthplace Christian County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Casket Company
MOTHER FATHER
12. Name Herman Hallenberger
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary Sonnes
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Mary Lillie Sandage
(b) Address 619 W 3rd St City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem
18. (a) Signature of funeral director Neosho City Und Co
(b) Address Neosho City Mo
19. (a) Mar. 19, 1943 (Date received local registrar) (b) Mrs. Lillie Sage (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1943 hour 1030 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. Did not see him alive

Immediate cause of death — Duration
Coronary occlusion
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 9 4 a
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature P. H. Dodson Coroner (M. D. or other)
Address Carthage, Mo. Date signed March 15 '43

1180

(Licensed Embalmer's Statement on Reverse Side)

43-3-324

JUN 21 1956

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

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.