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FILED JUL 2 1943

State File No. _____

Registration District No. 59

Primary Registration District No. 4102

Registrar's No. 122

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

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Craigton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

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

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

In this community _____ (Specify whether)

3. (a) PRINT FULL NAME Jim Ed. Halsey

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

4. Sex M 5. Color or Face W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased June 28 1927
(Month) (Day) (Year)

8. AGE: Years 15 Months 11 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation School Boy

11. Industry or business _____

12. Name Earl Halsey

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

14. Maiden name Lola Harrison

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

16. (a) Informant Earl Halsey

(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof 6-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Conradus & Post

(b) Address Craigton Mo

19. (a) June 6 1943 (b) Margaret Talle
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 4441 Tracy
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1943 hour 4 minute P 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 Coarctation drawing Durdston

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 019

(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 M Griffith (M. D. or other)

Address Harrisonville Date signed 4/3/43

(Licensed Embalmer's Statement on Reverse Side) Embalmer Care Co Mo

JUL 2 1978

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 *J. G. Gonzalez*

Licensed Embalmer No. *1891*

P. O. Address *Clinton 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 111
Registrar's No. 122

Registration District No. 59 Primary Registration District No. 4102

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

1. PLACE OF DEATH:
 (a) County Cass
 (b) City or town Creighton
(If outside city or town limits, write "RURAL" and name of township)
 (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 years, months or days)
 In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jim Ed. Holsey
 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 S
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 25 1922
(Month) (Day) (Year)
 8. AGE: Years 15 Months 11 Days 10 If less than one day _____ min.

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

10. Usual occupation _____
 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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
(Data received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 1943 year. 3 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above _____
Immediate cause of death accidental drowning

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) Accident!
 (b) Date of occurrence July 3 1943
 (c) Where did injury occur? Cake 2 mi South Greewood
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at Cake 2 mi South Greewood
(Specify type of place)
 While at work? no (e) Means of injury _____
 23. Signature Edgar M. Griffith (M. D. or other) _____
 Address Harrisonville Mo Date signed 7/12/43

SUPPLEMENTARY

5-21063