

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3531 St. Joseph Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
In this community 63 years 10 months 8 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3531 St. Joseph Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha Ann Halterman

3. (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 widow

6. (b) Name of husband or wife James Halterman 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased October 24 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 2 If less than one day hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Matthews

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

14. Maiden name Kate Welty

15. Birthplace St. Joseph Missouri
(City, town or county) (State or foreign country)

16. (a) Informant J. J. Matthews
(b) Address 3531 St. Joseph, Ave. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 8/28/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Halter Meierhoffer
(b) Address 15th. & Faraon St., St. Jos. Mo.

19. (a) 8/28/43 (b) Rose Hluszko
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 h. t
year 1943 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from July 24 1943 to Aug 26 1943
I last saw her alive on Aug 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis Duration 1

Due to

Due to 97

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) No.
(b) Mode 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) Means of injury

23. Signature Lerei Beck (M. D. or other)
Address King Hill, Mo. Date signed 8/27/43

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

MOTHER FATHER

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.....

Albert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.