

FILED SEP 11 1943  
47

Registration District No. \_\_\_\_\_

Primary Registration District No. 5-1-5-7-4067

Registrar's No. 287

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Aux Vasse Mo  
(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 \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Aux Vasse Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? L (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Lawrence Halbreath

3. (b) If veteran, name war

X

3. (c) Social Security No.

L

4. Sex

Male

5. Color or race

2 race negro

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

1

6. (b) Name of husband or wife

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

7. Birth date of deceased

June 22 1943  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

3 3  
hr. min.

9. Birthplace

Aux Vasse Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation

Baby

11. Industry or business

12. Name

Lewis W. Halbreath

13. Birthplace

Calwood Mo  
(City, town, or county) (State or foreign country)

14. Maiden name

Rebecca Brown

15. Birthplace

Boydsville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant

Lewis W. Halbreath

(b) Address

Aux Vasse Mo

17. (a) Burial

Burial  
(Burial, cremation, or removal)

Sept 6 1943  
(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

Crowsfork

18. (a) Signature of funeral director

Hughes Manpre

(b) Address

Aux Vasse Mo

19. (a) Sept 6-1943

(Date received local registrar)

(b) Jose Morankoff  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5<sup>th</sup>  
year 1943 hour 4 minute 54 P.M.

21. I hereby certify that I attended the deceased from Sept 4 to Sept 5 1943 that I last saw him alive on Sept 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Malnutrition

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(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)  
(c) Means of injury \_\_\_\_\_  
23. Signature: G.B. Nichols (M. D. or other)  
Address: Aux Vasse Mo Date signed: 9-10-43

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

0.82  
13/43

SEP 19 1968

**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.....

*Not Embalmed*, Registered Apprentice No. ....  
working under my personal supervision.

Signed *Hughes Maupin*  
Licensed Embalmer No. *2358*

P. O. Address *Quincy, Md.*

**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.**