

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28345

State File No.

Registrar's No. 163

SEP 9 1943 137
Registration District No.

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton mo
(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. 52 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES NUTON HALSEY
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex male 5. Color or race w
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife maude 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Dec 16 1877 (Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Lewy city mo (City, town, or county) (State or foreign country)

10. Usual occupation Paper Hanger

11. Industry or business

MOTHER FATHER { 12. Name John T Halsey
13. Birthplace West Vir (City, town, or county) (State or foreign country)
14. Maiden name Hannah Hittsburg
15. Birthplace Ind (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maude Halsey

(b) Address Clinton mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-43 (Month) (Day) (Year)

(c) Place: burial or cremation Schel city mo

18. (a) Signature of funeral director Consalus Beck

(b) Address Clinton mo

19. (a) August 17, 1943 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature) 3, 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town South Washington (If outside city or town limits, write "RURAL")
(d) Street No. Clinton mo (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1943 hour 71 minute A M.

21. I hereby certify that I attended the deceased from 6-1-43 to 8-17-43 that I last saw him alive on 8-15-43 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Senile Dementia
Due to Cerebral Endarteritis

Other conditions (Include pregnancy within 3 months of death) 9912

Major findings: Of operations None

Of autopsy None

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 None

23. Signature E. C. Beck (Date received local registrar) 8/17/43

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

RECEIVED

Dist. Health Officer No. 74

Dist. Health Officer Number 8-43-892

Date Filed 7-3-43

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

JE Consalvo

Licensed Embalmer No.

1891

P. O. Address.....

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.