

FILED JAN 10 1944
Registration District No. 193

Primary Registration District No. 3022

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Reed Hospital
(If not in hospital or institution, write street number or location)

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

In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Ridgway (Rural)
(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 _____

3. (a) PRINT FULL NAME Barton C. Hallock

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1943 hour 10 minute 15 A.M.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Margaret Hallock Deceased 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased 11 - 5 - 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 15 1943 to Nov 29 1943
that I last saw him alive on November 29 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 6 Days 18 If less than one day hr. _____ min. _____

Immediate cause of death: Cerebral hemorrhage Duration 2 days

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

Due to _____

Due to _____

10. Usual occupation Farmer

Other condition (Include pregnancy within 3 months of death) Cardiac Degeneration 2 yrs

11. Industry or business _____

12. Name Uriah Hallock

13. Birthplace Do not know
(City, town, or county) (State or foreign country)

14. Maiden name Elveta Dale Fuller

15. Birthplace Do not know
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Wesley Hallock

(b) Address Bethany Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1-43
(Month) (Day) (Year)

(c) Place: burial or cremation Wale Cemetery

18. (a) Signature of funeral director S. H. Hays

(b) Address Bethany Mo.

19. (a) 12/8/43 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

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 _____

23. Signature W. S. Reed (M. D. or other) DD

Address Bethany Mo Date signed _____

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

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.....

S. W. Haas

Licensed Embalmer No.....

1078

P. O. Address.....

S. W. Haas

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.