

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution:
615 West Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 73 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(d) Street No. 615 West Main Street.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Benhart Hall (Halhanssen)
(b) If veteran, name war _____ (c) Social Security No. 493-12-0736

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 6th.
year 1944 hour 9:40 minute P M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Stella 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased September 27 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1, 1944 to March 6, 1944
that I last saw him alive on Mar. 6, 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>5</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death Pyelonephritis and cystitis Duration 5 1/2 yrs
Due to Prostate Hypertrophy 15 yrs

9. Birthplace Madison Wisconsin
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 137a

10. Usual occupation Laborer

11. Industry or business City Light & Traction Co.

12. Name Nicholas Halhanssen

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

14. Maiden name Wilma Matthews

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

16. (a) Informant Charles Hall (Halhanssen)

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 3-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Gillespie

(b) Address Sedalia, Missouri

19. (a) 3/8/44 Mrs Anna Berger (Date received local registrar) (Registrar's signature)

Major findings: Of operations no operation
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) (e) Means of injury _____
23. Signature A.L. Walter (M. D. or other) M.D.
Address Sedalia Mo Date signed 3-7-44

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

SEP 5 1948

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

4-2-47

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..... *L. E. Boullelin*

Licensed Embalmer No. *3867*

P. O. Address *Sealain*

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.