DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

Registration District No. 3 8 3

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5665

State File No. 15086

Registrar's No.

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Mt. Vernon, Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatoroum (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 192 days (Specify whether years, months or days)

In this community: Missouri State Sanatorium 192 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: New Madrid

(c) City or town: Portageville (If outside city or town limits, write "RURAL")

(d) Street No.: Route 1 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Emma Louise Halliburton

3. (b) If veteran, name war: No

3. (c) Social Security No.: 431-16-3911

4. Sex: Female

5. Color or race: Negro

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

6. (b) Name of husband or wife: Willia Halliburton

6. (c) Age of husband or wife if alive: 42 years

7. Birth date of deceased: Feb. 2, 1909 (Month) (Day) (Year)

8. AGE: Years 35 | Months 2 | Days 22 | If less than one day: hr. min.

9. Birthplace: Exford (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Levy Dennis

13. Birthplace: Oxford (City, town, or county) Mississippi (State or foreign country)

MOTHER 14. Maiden name: Melonia Lester

15. Birthplace: Oxford (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant: E. McMichael, Record Clerk

(b) Address: Mo. State San. Mt. Vernon, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/27-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Sanatorium Cemetery

18. (a) Signature of funeral director: Geo B Orr

(b) Address: Mt Vernon Mo

19. (a) 4/27/44 (Date received by local registrar) (b) Cecil Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th year 1944 hour 12:50 minute P M.

21. I hereby certify that I attended the deceased from Oct. 15, 1943, to Apr. 24, 1944, that I last saw h. Er alive on Apr 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Over 5 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Bilat. ulcers - cavitary T.B. adhesive pleuritis, pleural effusion T.B. of pericardium, enlarged

Of autopsy: degeneration, chronic degeneration liver & spleen, acutes

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: [illegible] M.D. (M. D. or other)

Address: Mt Vernon Mo Date signed 4-24-44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 544-549
Date Filed MAY 6 1944

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 Was not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Geo. A. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.