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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 28 1944

Registration District No. 779

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20644

Registrar's No. 2420

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1816 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 46 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3 (If outside city or town limits, write "RURAL") 8
(d) Street No.: 1816 Washington (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: John G. Halstenberg

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Emma A. Halstenberg

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

7. Birth date of deceased: July 9, 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	10	26	hr. min.

9. Birthplace: Warrenton, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Contractor - Ret.

11. Industry or business: Self

MOTHER FATHER

12. Name: August Halstenberg

13. Birthplace: No Record (City, town, or county) Germany (State or foreign country) 4

MOTHER

14. Maiden name: Elizabeth Boter

15. Birthplace: No Record (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: Mrs. Robert Owen

(b) Address: 147 North Denver

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/8/44 (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: Gates Funeral Home

(b) Address: 1901 Olathe Blvd. K. C. Kan.

19. (a) 6-7-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 5 year: 1944 hour: 9 00 minute: a M.

21. I hereby certify that I attended the deceased from 1st April, 1944, to June 5, 1944, that I last saw him alive on June 3, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Pancreas	
Due to: Coronary Disease	
Due to: Myocardial Failure	
Other conditions: Metastasis of Liver (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ✓ 46 g
Of autopsy: ✓

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? ✓
While at work? ✓ (Specify type of place) (e) Means of injury: ✓

23. Signature: M. F. Sewell (M. D. or other) MD
Address: 1724 W 39 Date signed: 6-5-44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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