

S. No. 2
OM-5-42
ev. 5-17-39

28517

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 12 1944
Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 104

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

1. PLACE OF DEATH:

(a) County Phelps Co

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

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

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

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

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

(d) Street No. X (If rural, give location)

(e) Citizen of foreign country? X (Yes or No)
If yes, name country..... X

3. (a) PRINT FULL NAME Dale Douglas Halbrook

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1944 hour 2 minute 50 A. M.

4. Sex male

5. Color or Grace W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X

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

7. Birth date of deceased Feb 22 1937
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 25 1944 to Aug 26 1944
that I last saw him alive on Aug 26 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 7 Months 6 Days 4 If less than one day
hr. min.

Immediate cause of death Hemorrhage and shock

Due to fresh wound in abdomen

Due to accident

9. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation schoolboy

Other conditions (Include pregnancy within 3 months of death)

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11. Industry or business X

12. Name Winfred Halbooks

13. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Maude Edwards

15. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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16. (a) Informant Winfred H. Halbrook

(b) Address Salem Mo

17. (a) burial (b) Date thereof 8/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 033

(b) Date of occurrence 8-25-44

(c) Place: burial or cremation Miner Cem

18. (a) Signature of funeral director [Signature]

(b) Address Salem Mo

19. (a) 8/28/44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(c) Where did injury occur? Salem
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In yard of home
While at-work? 0 (Specify type of place) (a) means of injury

23. Signature [Signature] (M. D. or other)
Address Rolla, Mo Date signed 8/28/44

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.....

Carl H. Jensen

Licensed Embalmer No.....

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P. O. Address.....

Salina, Mo

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.