S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30993

State File No.

Registration District No. 4214

Primary Registration District No. 4214

Registrar's No. 164

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

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

3. (a) PRINT FULL NAME Grace F. Halfen
3. (b) If veteran, name war None
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Byron Halfen
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased October (Month) 20 (Day) 1884 (Year)

8. AGE: Years 59 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Home Keeper
11. Industry or business
MOTHER FATHER
12. Name S. M. Family
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ida Williams
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Byron Halfen
(b) Address Deepwater Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-44 (Month) (Day) (Year)
(c) Place: burial or cremation Elder Mo
18. (a) Signature of funeral director Isaac Hurst
(b) Address Deepwater Mo
19. (a) September 23 1944 (Date received local registrar) Georgia Kitchen (Registrar's signature)

1069

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22, 23
year 1944 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 10 1943, 19, to Sept 22, 1944
that I last saw her alive on 9/21, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial degeneration of blood vessels	
Due to	
Due to Cancer	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. J. Russell (M. D. or other)
Address Deepwater Mo Date signed 9/28/44

RECEIVED
Distr... Registration Officer No. 7,
Dis... 9-44-1107
Date Filed 10-5-44

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 Tom Thrash

Licensed Embalmer No. 2282

P. O. Address Duquesne, 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.