

FILED JAN 22 1945

Primary Registration District No. 3008

Registrar's No. 396

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

3. (a) PRINT FULL NAME: GEORGE HARVEY HALSEY  
(b) If veteran, No  
(c) Social Security No. No

4. Sex: Male  
5. Color or race: White  
6. (a) Single, widowed, married, divorced, Single  
(b) Name of husband or wife  
(c) Age of husband or wife if

7. Birth date of deceased: March 25 1929  
(Month) (Day) (Year)

8. AGE: Years 15 Months 8 Days 6 If less than one day  
hr. min.

9. Birthplace: Callaway County (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: J. T. Hasley

12. Name: J. T. Hasley

13. Birthplace: Adams Co. Ky. (City, town, or county) (State or foreign country)

14. Maiden name: \_\_\_\_\_ (City, town, or county) (State or foreign country)

15. Birthplace: \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant: J. T. Hasley  
(b) Address: Fulton, Mo., R. F. D., # 5

17. (a) Burial (b) Date thereof: 12/2/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Carmel Ch. Cem

18. (a) Signature of funeral director: Hallee Funeral Home  
(b) Address: Fulton, Mo., D.C. Browning Mgr.

19. (a) Date received local registrar: 12-2-1944 (b) Jose Moravkoff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Callaway 14  
(c) City or town: 3 & one half Miles N.W. 10  
(If outside city or town limits, write "RURAL")  
(d) Street No.: Fulton, R.F.D. # 5  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month: Dec day: 30 year: 1944 hour: 7 minute: 00 A.M.

21. I hereby certify that I attended the deceased from Nov. 12 1944 to Nov. 30 1944 that I last saw him alive on Nov 29 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Failure Duration: 12 hrs

Due to: Sub acute Hemerular nephritis. 10 days

Due to: Strep Sore throat.

Other conditions: (Include pregnancy within 3 months of death) Polio myelitis Cold.

Major findings: Of operations: \_\_\_\_\_ Of autopsy: 36

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

(c) 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? \_\_\_\_\_ Means of injury: \_\_\_\_\_  
3. Signature: J. T. Brown (M. D. or other) \_\_\_\_\_ Date signed: 12-2

Address: \_\_\_\_\_ Date signed: 12-2  
1147 (Licensed Embalmer) (Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 1-19-45

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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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton and

**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.