. No. 2
I—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Sunderwith

40876

State File No.

FILED JAN 12 1946

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 61

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT

1. PLACE OF DEATH:
(a) County Cedar
City or town Eldorado Springs Mo
(If outside city or town limits, write "RURAL" and name of township)
of hospital or institution: Mann Rest Home 4
(If not in hospital or institution, write street number or location)
Length of stay: In hospital or institution 1 year (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Bates 7
(c) City or town Rich Hill 2
(If outside city or town limits, write "RURAL")
(d) Street No. Mo 0
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry H. Hallam
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Anna Hallam
6. (c) Age of husband or wife if alive Dec 1944 years
7. Birth date of deceased July (Month) (Day) (Year)

8. AGE: Years 81 Months Days If less than one day hr. min.

9. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
10. Usual occupation Chatsworth Retired Farmer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Hill Shackleford
(b) Address Rich Hill Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenburn
18. (a) Signature of funeral director Booth
(b) Address Rich Hill Mo
19. (a) 12/26/45 (Date received local registrar) (b) J. C. Brannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1945 hour 5 30 minute P M.
21. I hereby certify that I attended the deceased from Dec 3, 1945, to Dec 16, 1945
that I last saw him alive on Dec 16, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to	
Due to	
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 C H Sunderwith D.O. (D. or other) D.O.
Address El Dorado Spgs Date signed 12-22-45

1655 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. 7

Serial 12-45-1329

Date Filed 1-11-46

JUL 11 1946

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 W. T. Riddlecom

Licensed Embalmer No. 2174

P. O. Address Butler Miss

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.