

FILED MAR 8 1946
Registration District No. **286**

Primary Registration District No. **4424**

Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Humansville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Geo. Demmitt Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk
(c) City or town Flemington
(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 George HALTERMAN M^s Bride

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife See Etta M^s Bride 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 21 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Miami Co. Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William N. M^s Bride
13. Birthplace Unknown Penn
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Ewing
15. Birthplace Unknown W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl M^s Bride

(b) Address Humansville, Mo.

17. (a) Burial (b) Date thereof Feb. 8, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flemington Cem.

18. (a) Signature of funeral director E. H. Ewing

(b) Address Humansville, Mo.

19. (a) Feb. 11, 1946 (b) Lucille Turkpatrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1946 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 10, 1946, to February 6, 1946;
that I last saw him alive on February 6, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy A 20
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 H. H. Ewing (M. D. or other) M.D.
Address Humansville, Mo. Date signed 2/7/46

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.....

by me
....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. H. Primm*
.....

Licensed Embalmer No. *4282*
.....

P. O. Address *Humansville, 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.