

FILED JUL 1 1946 STANDARD CERTIFICATE OF DEATH

State File No. 21061

Registration District No. 273

Primary Registration District No. 5914

Registrar's No. 42

1. PLACE OF DEATH:
 (a) County Perry
 (b) City or town Rural Brazeau
 (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 77-1-1 (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Hynes Halsey
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month May day 4 year 1946 hour 7 minute 30 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Benjamin Halsey 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 3 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 21st, 1941 to May 4th, 1946.
 that I last saw her alive on May 1st, 1946, and that death occurred on the date and hour stated above.

8. AGE: 77 Years 1 Months 1 Days If less than one day hr. _____ min. _____

Immediate cause of death Diabetes Mellitus
 Due to Atherosclerosis

9. Birthplace Perry Co. Missouri
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) (6)

10. Usual occupation House wife

PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 11. Industry or business _____
 12. Name Conrad Seibel
 13. Birthplace Perry Co. Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Grother
 15. Birthplace Perry Co. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tille Holschen
 (b) Address Wittenburg Mo.

17. (a) Cremation (b) Date thereof 5-7-1946
 (Burial, entombment, or removal) (Month) (Day) (Year)
 (c) Place: St. Louis Mo.

Major findings:
 Of operations _____
 Of autopsy _____

18. (a) Signature of funeral director Young & Sons
 (b) Address Perryville Mo.

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? _____

19. (a) 5-6-46 (b) Joe J. Zellmer
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Theodore Fischer (M. D. or other) M.D.
 Address Attenberg Mo. Date signed 5-4-46

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

JUL 2 1968

RECEIVED

District Health Officer No. 4
District File Number 646-2268
Date Filed 6-21-68

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 *Quinn Young*

Licensed Embalmer No. *2135*

P. O. Address *Reserve 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.