No. 2
8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31179

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 181

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCormick hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Huntsville
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Nancy Gail Halsey

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 30 (Day) 1934 (Year)

8. AGE: Years 12 Months 1 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER

12. Name Albert Lee Halsey

13. Birthplace Urich (City, town, or county) Missouri (State or foreign country)

14. Maiden name Rosy Hailey

15. Birthplace Ray (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Rosy Halsey Chasteen

(b) Address Huntsville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/7/1946 (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Nelson

(b) Address Huntsville, Mo

19. (a) 9-7-46 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 6 Year 1946 hour 2:30 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from 9-5, 1946 to 9-6, 1946 that I last saw her alive on 9-6, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Burns 3rd degree over most of body	6 hrs.
Due to: pouring gasoline on fire causing explosion	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 1801	
Of autopsy: 15	

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) accident 84

(b) Date of occurrence 9-5-46

(c) Where did injury occur? Huntsville (City or town) Randolph (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home, on farm (Specify type of place)

While at work? yes (e) Means of injury Kerosene Explosion

23. Signature A. L. McCormick (M. D. or other) M.D.

Address Moberly Mo. Date signed 9-7-46

209 (Licensed Embalmer's Statement on Reverse Side)

AUG 1 9 1948

RECEIVED
District Health Officer No. 10
District File Number 9-46-1748
Date Filed SEP 2 0 1948

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 B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Tx

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.