

FILED OCT 16 1946 STANDARD CERTIFICATE OF DEATH

33091

State File No.

Registrar's No. 232

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 5
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Joseph Haltemaner
3. (b) If veteran, name was ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1946 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from 10-2
1946 to 10-2 1946
that I last saw her alive on 10-2 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct - 2 - 1946
(Month) (Day) (Year)

Immediate cause of death

Erythroblastosis Foetalis
Due to 3 weeks Premature

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

9. Birthplace Jefferson City, MO.
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 150K

MOTHER FATHER

12. Name Jos. F. Haltemaner
13. Birthplace Northtown, MO.
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Falter
15. Birthplace Frederick, MO.
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.
Blood saccula showed
Typical Findings

16. (a) Informant Jos. F. Haltemaner
(b) Address Frederick, MO.
17. (a) Burial (b) Date thereof 10-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Frederick, 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? _____

18. (a) Signature of funeral director [Signature]
(b) Address [Address]
19. (a) 10-4-46 (b) R. C. Kovacs M.D.
(Date received from registrar) (Registrar's signature)

While at work _____ (Specify type of place)
(c) Means of injury 0
23. Signature [Signature] (M. D. or other) M.D.
Address Jefferson City, Mo Date signed 10-4-46

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

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 10-9-46

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.....

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

Signed Vernon M. Norton

Licensed Embalmer No. 4125

P. O. Address Linn 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.