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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33119

FILED OCT 30 1946

Registration District No. 86 Primary Registration District No. 4149 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Crawford

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

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether In this community ***** * years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Rolla, Missouri (If outside city or town limits, write "RURAL") 0

(d) Street No. Edgar Springs Star Route (If rural, give location) 0

(e) Citizen of foreign country? XXXXX (Yes or No) 1

If yes, name country XXXXXXX

3. (a) PRINT FULL NAME Esco Ragional Halbrook

3. (b) If veteran, name war World War 2

3. (c) Social Security No. 495-16-5681

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife XXX

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

7. Birth date of deceased Feb (Month) 9 (Day) 1917 (Year)

8. AGE: Years 29 Months 3 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace Doss (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business Tenant

FATHER
12. Name Bruce D. Halbrook
13. Birthplace Doss (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Ora Edna ~~XXXXX~~ Bryant
15. Birthplace Doss (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Bruce D. Halbrook

(b) Address Edgar Springs Star Route Rolla, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-46 (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cem. Salem, Missouri

18. (a) Signature of funeral director Carl Spencer Funeral Home

(b) Address Salem, Missouri

19. (a) 10-21-1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1946 hour Appx 4 minute p. M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Justifiable Homicide	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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)

Whilst at work? (e) Means of injury

23. Signature Harry M Jones Coroner (M. D. or other) 3

Address Steelville, Missouri Date signed 10-21-46

37 (Licensed Embalmer's Statement on Reverse Side)

NOV 5 1947

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 Paul A. Franklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.