

Registration District No. **193**

Primary Registration District No. **6559**

Registrar's No. **39**

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Pomona
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community 16 Years
years, months or days

3. (a) PRINT FULL NAME Edith H. Halstead

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 Widowed

6. (b) Name of husband or wife Amos Halstead
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 22 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 -- 8 hr. min.

9. Birthplace Mt. Auburn Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name James Wolf

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

14. Maiden name Dianna Livermore

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

16. (a) Informant George Halstead

(b) Address Pomona Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/31/46
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Iowa

18. (a) Signature of funeral director Carita J. Miller

(b) Address Thayer Missouri

19. (a) Oct. 30, 1946 (b) La. McMiller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Pomona
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1946 hour 1:00 minute - A.M.

21. I hereby certify that I attended the deceased from August 25, 1946, to October 29, 1946
that I last saw her alive on October 29, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death General Senility
Duration _____

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations 16 2 13
Of autopsy _____
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? 0

(Specify type of place) _____
(e) Means of injury _____

23. Signature J. R. Balk (M. D. or other) _____
Address Pomona, Missouri Date signed 10/30/46

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

39
X37823

MOTHER FATHER

NOV 19 1946

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.....

\\ \\ | Licensed Embalmer No.....

P. O. Address.....

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.