

Registration District No. **324**

Primary Registration District No. **6093**

Registrar's No. **209**

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(c) Name of hospital or institution:
R 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All Her Life
years, months or days

3. (a) PRINT FULL NAME Laura Hanna 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, ~~divorced~~

6. (b) Name of husband or wife William R. Halsey 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 16 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>3</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace Sweet Springs, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewifery

12. Name Richard Hicks

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

14. Maiden name Winifred Lee

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

16. (a) Informant John Halsey

(b) Address Marshall, Mo. R. #

17. (a) Burial (b) Date thereof 12/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Memorial Gardens

18. (a) Signature of funeral director A. Healy

(b) Address Marshall, Mo.

19. (a) 12-23-46 (b) Mot. Querkatook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 17
(c) City or town Marshall 11
(If outside city or town limits, write "RURAL")
(d) Street No. R.3 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1946 hour 5 minute 25 P. M.

21. I hereby certify that I attended the deceased from 1935
2 19 _____ to 12-21- 1946
that I last saw h. Ex alive on 12-20- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon 10 mo
Duration

Due to _____

Due to _____

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

Major findings: x 46E
Of operations _____

Of autopsy no

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. C. Putnam (M. D. or other)

Address Marshall Mo. Date signed 12-23-46

MOTHER FATHER

294

WEL
District Health Officer No. 8,

District File Number.....

Date Filed 1-4-47

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 J. Leslie Surrage
Licensed Embalmer No. 32350

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above. /