S. No. 2
—12-45
5-17-39
1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5920

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 37

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape 94
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 1001 Ranney
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HATTIE HALDERMAN (Haldeman)
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 Frank Halderman (Haldeman)
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 5 (Day) 1892 (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	5	22	hr. min.

9. Birthplace Cambridge (City, town, or county) Massachusetts (State or foreign country)
10. Usual occupation House wife.
11. Industry or business
FATHER
12. Name Alfred Sears
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mem. Park Cem., Cape Girardeau Co., Mo.
18. (a) Signature of funeral director Cady Funeral Home
(b) Address Cape Girardeau, Missouri
19. (a) 2-12-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27
year 1947 hour 1 minute 05 P.M.
21. I hereby certify that I attended the deceased from January 16, 1947, to January 27, 1947
that I last saw her alive on January 27, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition Arteriosclerosis	
Due to	
Due to	
Other conditions Dementia Praecox (Include pregnancy within 3 months of death)	12 yrs

Major findings:
Of operations
Of autopsy None 97

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)
While at work? (e) Means of injury 0
23. Signature Lewis P. Hoctn (M. D. or other)
Address Farmington - Mo Date signed 2/7/47

299 (Licensed Embalmer's Statement on Reverse Side)

D

District Health Officer No. 4

District File Number 347-300

Date Filed 3-3-47

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 Ralph E. Beckman, Registered Apprentice No. 493, working under my personal supervision.

Signed James Richard Cady

Licensed Embalmer No. 4309

P. O. Address Cape Girardeau, 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.