

S. No. 2
M-5-43
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1947
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16672
Registrar's No. 210

Registration District No. 43 Primary Registration District No. 5142

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Neelyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Neely Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Butler
(c) City or town Neelyville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Haliburton
3. (b) If veteran, name war _____ 3. (c) Social Security No. none
4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 1, 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 20 year 1947 hour 6 minute 20P. M.
21. I hereby certify that I attended the deceased from May 18, 1947, to May 28, 1947 that I last saw him alive on May 28th, 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 4 Days 19 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of liver
Due to _____
Due to _____

9. Birthplace: Ripley Tenn.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer

Major findings: 46P
'Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant R. Haliburton
(b) Address Neelyville

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

17. (a) Burial (b) Date thereof May 25, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Neelyville, Mo.

18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor, Mo.

23. Signature J J Farr (M. D. or other) _____
Address Neelyville Date signed May 22

19. (a) 5/22/47 (b) Rommetree
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

120

0

0

3

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

147

RECEIVED

District Health Office No. 2

District File Number 547-766

Date Filed 5-27-47

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 Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.