No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1947

Registration District No. 1479

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20976 2695

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 13 days (Specify whether years, months or days)
In this community: 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 3 E. 34th Street (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Betty Louise HALBACH
3. (b) If veteran, name war: none
3. (c) Social Security No.: 495-07-4958
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Neville V. Halbach
6. (c) Age of husband or wife if alive: 34 years
7. Birth date of deceased: May (Month) 15 (Day) 1916 (Year)

8. AGE: Years	Months	Days	If less than one day
31	1	7	hr. min.

9. Birthplace: Jamestown, New York (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At home
MOTHER FATHER
12. Name: John Springer
13. Birthplace: Mulberry, Kansas (City, town, or county) (State or foreign country)
14. Maiden name: Jessie Bidwell
15. Birthplace: Maywood, Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. Neville F. Halbach
(b) Address: 3 E. 34th St., K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 6-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1947 hour 8 minute a. M.

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

Immediate cause of death: Hypo static Bronchopneumonia
Due to: Multiple Cerebral Laceration & Hemorrhage
Due to: Multiple fracture Skull
Other conditions (Include pregnancy within 3 months of death): Trauma (non collision)
Major findings: Of operations: 170 1/2 - 8
Of autops: above 170 1/2

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident 45
(b) Date of occurrence: June 8 1947
(c) Where did injury occur? Glencoe (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hwy. Motorcycle Accident (Specify type of place)
While at work? no (e) Means of injury: Motorcycle Accident

23. Signature: [illegible] (M. D. or Other)
Address: [illegible] Date signed: 23 June 47

Call. with other M-Vehicle

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I herely 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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address K. C. 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.