S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35348

Registration District No. 293 | Primary Registration District No. 6404 | Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Ralls
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence, R.R.#3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ralls 87
(c) City or town: Hannibal 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural Route 3 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Charles Philip Hallenberger
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Pauline A. Hallenberger
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: July 7, 1882 (Month) (Day) (Year)

8. AGE: Years 65 | Months 2 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace: Ralls County Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: xx

MOTHER FATHER
12. Name: Jacob Hallenberger 4
13. Birthplace: Germany 1 (City, town, or county) (State or foreign country)
14. Maiden name: Louise not known 2
15. Birthplace: No Record 7 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. C. P. Hallenberger
(b) Address: R R # 3 Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Grandview Burial Park
18. (a) Signature of funeral director: Crawford Smith
(b) Address: 902 Broadway Hannibal Missouri
19. (a) 9-26-47 (Date received local registrar) (b) N. J. Mathews (Registrar's signature) 210

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23 year 1947 hour 9 minute 00 P M.
21. I hereby certify that I attended the deceased from 9/23 19 7 to ..... 19 ..... that I last saw him alive on 9/23 19 47, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion, acute	1 hour.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

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) .....
(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: 0
23. Signature: N. L. Greene (M. D. or other)
Address: Holmes Bldg., Hannibal, Mo. Date signed 9-24-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

MAY 5 1948

MAY 20 1948

DEC 13 1957

JUN 16

RECEIVED
District Health Officer No. 10
District File Number 10-47-1478
Date Filed OCT 28 1947

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 Lyman W. Steele, Registered Apprentice No. 460, working under my personal supervision.

Signed N. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.