. S. No. 2
M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35795

Registrar's No. 10278

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Enroute to Hospital
(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
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2153a E. Linton Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alma A. Halliburton
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 12 1871 (Month) (Day) (Year)
8. AGE: Years 76 Months 9 Days 23 If less than one day hr. min.
9. Birthplace Medora Illinois (City, town, or county) (State or foreign country)
10. Usual occupation at Home
11. Industry or business
FATHER 12. Name Joab N. Hutchinson
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah E. Whitfield
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Dillard G. Halliburton
(b) Address Cario, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Mo.
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 E. Fair Ave.
19. (a) NOV 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 year 1947 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 3, 1947 to Nov 5, 1947 that I last saw he alive on Nov 5, 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Tumor of liver & gallbladder

Due to Malignant-Primary site in liver

Due to

Other conditions (Include pregnancy within 3 months of death) Not

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

23. Signature [illegible] (M. D. or other) M.D.
Address 1918 [illegible] Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 1948

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. William J. Buchholz

Licensed Embalmer No. 2410

P. O. Address St. Louis 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.