No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1947

Registration District No. 274

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39165

Primary Registration District No. 5930

Registrar's No. 386

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Carter 18
(c) City or town: Van Buren (If outside city or town limits, write "RURAL") 0
(d) Street No.: Van Buren, Missouri (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Willis David Halbert

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: May Broadhead Halbert

6. (c) Age of husband or wife if alive ..... years: deceased

7. Birth date of deceased: May 16, 1867 (Month) (Day) (Year)

8. AGE: Years 80 | Months 5 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace: Fair Grove, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Agriculture

FATHER
12. Name: William Halbert
13. Birthplace: unknown, unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Matilda Davis
15. Birthplace: unknown, unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Fred Lowther, (dau.)
(b) Address: Hughesville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Winona Cemetery Winona, Missouri

18. (a) Signature of funeral director: Shane Young
(b) Address: Sedalia, Mo.

19. (a) 11/13/47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13 year 1947 hour 8:50 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 12, 1947 to Nov. 13, 1947 that I last saw him alive on Nov. 12, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary, bilateral	8 mos
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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature: H. R. Edwards (M. D. or other) M.D.
Address: Sedalia, Mo. Date signed Nov. 13, 1947

Jefferson City Printing Co. (Licensed Funeral Director Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-1-47

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 Warren Deitze, Registered Apprentice No. 70, working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 38 ff 7

P. O. Address Sedalia 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.