

FILED DEC 15 1947  
Registration District No. **353**

Primary Registration District No. **6195-**

Registrar's No. **19**

1. PLACE OF DEATH:

(a) County **Texas**  
(b) City or town **Rural Boone township**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Miss** (b) County **Texas**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2 mi NW of Kinderpost Miss**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **EMMA R. HALLAS**

3. (b) If veteran, name war **L**  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **w**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Ernest Hallas**  
6. (c) Age of husband or wife if alive **48** years  
7. Birth date of deceased **Aug 25 1898**  
(Month) (Day) (Year)

8. AGE: Years **57** Months **2** Days **24**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Kinderpost Miss**  
(City, town, or county) (State or foreign country)

10. Usual occupation **house wife**

11. Industry or business \_\_\_\_\_

12. Name **J. W. Mitchell**

13. Birthplace **Texas Co Miss**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Harper**

15. Birthplace **Texas Co Miss**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest Hallas**

(b) Address **Kinderpost Miss**

17. (a) **Burial** (b) Date thereof **11-21-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shaker Co**

18. (a) Signature of funeral director **Wm. Ferguson**

(b) Address **Licking Miss**

19. (a) **11/21/47** (b) **Elmore News**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **19**  
year **1947** hour **9** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Nov 19 1947**  
to **Nov 19 1947**  
that I last saw him alive on **Nov 17 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis with hypertension**  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to 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 \_\_\_\_\_

23. Signature **W. L. Reardon** (M.D. or other)

Address **Licking Miss** Date signed **11/28/47**

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

723

21  
Dist. No. 13

Dist. No. Number

10. 5,  
124770-3  
12-13-47

Date Filed

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**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... *Eubert E. Ferguson* .....  
Licensed Embalmer No. *3945* .....  
P. O. Address... *Licking Md* .....

**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.**