

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JAN 7 1948

State File No. _____

Registration District No. 43

Primary Registration District No. 5135

Registrar's No. 446

1. PLACE OF DEATH

(a) County Butler

(b) City or town Rural Fish
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Ash Hill Trwp.
(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 Missouri (b) County Butler 12

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JENNIE E. HALBROOK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1947 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from July, 1947 to Dec 17, 1947.

that I last saw her alive on Dec 17, 1947 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife E. B. Halbrook

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan 15 1890
(Month) (Day) (Year)

Immediate cause of death Pulmonary Embolus

Duration _____

| 8. AGE: | Years | Months | Days | If less than one day, |
|---------|-----------|-----------|----------|-----------------------|
| | <u>57</u> | <u>11</u> | <u>2</u> | hr. min. |

Due to _____

Due to _____

9. Birthplace Cleveland Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name M. V. Hammond

13. Birthplace unknown Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Melinda Scroggins

15. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant C. S. Halbrook

(b) Address Fish mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Dec 21-47
(Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill Ark.

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? _____

18. (a) Signature of funeral director Shelby Funeral Home

(b) Address Fish mo

19. (a) 1/31/47 (Date received legal registrar)

(b) R. W. Muehle (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 2

Signature J. B. Sill (M. D. or other)

Address Fish mo Date signed 1/21/48

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

RECEIVED
District Health Office No. 2
District File Number 148-8
Date Filed 1-5-48

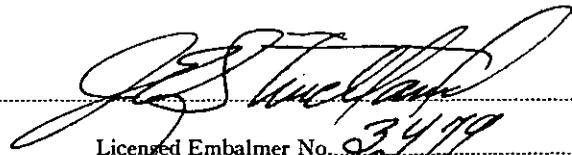
STATEMENT BY LICENSED EMBALMER

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 _____



Licensed Embalmer No. 3479

P. O. Address. Dept. 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.