

3. No. 2
A-5-43
5-7-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12077

FILED MAY 13 1948

Registration District No. 112

Primary Registration District No. 5428

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution:
Sullivan, Mo. Rt. 1.
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 36

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

(d) Street No. Sullivan, Mo. Rt. 1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Henry W. Halmich

3. (b) If veteran, name war No.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1948 hour 10: minute 15 P. M.

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Louise Halmich

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October 28 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 12 1948 to Apr 12 48
what I last saw him im alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

75 5 14 hr. _____ min.

Immediate cause of death _____
Myocarditis

Due to _____
Myocarditis

Due to _____

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

9. Birthplace Sullivan, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name August Halmich

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mitchell

15. Birthplace Unknown, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Halmich

(b) Address Sullivan, Mo. Rt. 1

17. (a) Burial (b) Date thereof 4/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crow Cemetery

18. (a) Signature of funeral director _____

(b) Address Sullivan, Mo.

19. (a) 4-15-48 (b) J. H. Matthews
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____ 47

Of autopsy _____

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? 0

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

23. Signature J. H. Matthews (M. D. or other) MD
Address Sullivan Mo Date signed 4/14/48

RECEIVED
District Health Officer No. 9,
District File Number
MAY 11 1948
Date Filed

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *Sullivan, 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.