

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19784
Registrar's No. 118

Registration District No. 150 Primary Registration District No. 4239

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Lee's Summit
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
300 Wilson Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Six Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Lee's Summit, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 300 Wilson Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maude Halstead
(b) If veteran, name war No (c) Social Security No. None

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Clint Halstead
(c) Age of husband or wife if alive XX years
7. Birth date of deceased March 21 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 21 hr. min.

9. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

MOTHER FATHER
12. Name J. W. Arnett
13. Birthplace XXXXXX Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Stokes
15. Birthplace XXXXXX Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Gilbert L. Axson
(b) Address Oak Grove, Missouri

17. (a) Burial (b) Date thereof June 15, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit Cemetery

18. (a) Signature of funeral director D. B. Langford
(b) Address Lee's Summit, Missouri

19. (a) JUNE 15, 1948 (b) Donald C. Barnham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1948 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 23, 1946 to June 12, 1948
that I last saw her alive on June 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage
Due to Arteriosclerosis
Duration 3 days
4 years

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

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: 830
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)
(a) Name of injury _____
23. Signature Clint A. Willett M. D. or other _____
Address Lee's Summit Mo signed 6-14-48

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

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. 1833.....

P. O. Address... Lee's Summit,

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.