

FILED AUG 23 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 861

## 1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Mo. Methodist Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day (Specify whether  
 In this community 1 day years, months or days)

3. (a) PRINT FULL NAME William Halterman

3. (b) If veteran, name war No 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 Augusta Halterman 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased September 3 1867  
 (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 9 If less than one day  
 hr. min.

9. Birthplace Unknown Iowa  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Jackson Halterman

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

14. Maiden name Jenea tta Hamilton

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

16. (a) Informant Mo. Methodist Hospital Records

(b) Address St. Joseph, Mo.

17. (a) Removal (b) Date thereof 8/12/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. A. yr. (Iowa)

18. (a) Signature of funeral director Hutton-Burman

(b) Address St. Joseph, Mo.

19. (a) Aug 16, 1948 (b) E. C. Jenkins  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Ringgold 999  
 (c) City or town Rural 13  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. Unknown (If rural, give location) 2  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12  
 year 1948 hour 11 minute viewed A.M.

21. I hereby certify that I attended the deceased from  
Aug 12th 1948, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received Duration  
when the Auto in which he was  
riding crashed into A Bus

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

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

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

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

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug, 12th 1948

(c) Where did injury occur St. Joseph, Mo. 131  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

While at work? no (Specify type of place)

(e) Means of injury Auto

23. Signature B. W. Tadlock 3 Coroner  
 (M. D. or other)

Address KING HILL BIDG Date signed 8/24/48

FEB 8 1949

---

---

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.....

*Eugene Wood*

Licensed Embalmer No.....

*3804*

P. O. Address.....

*319 So 10th St, York*

**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.