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FILED NOV 12 1948

Registration District No. 127

Primary Registration District No. 3028

Registrar's No. 250

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
420 West Chestnut /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community Lifetime (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 420 W. Chestnut  
(If rural, give location)

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

If yes, name country None

3: (a) PRINT FULL NAME Westley HALLIBURTON

3. (b) If veteran, name war World War #1

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd.  
year 1948 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan 2  
19 48 to Jan 2 19 48

that I last saw him alive on Jan 2  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 22, 1879  
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis Duration 1 day

Due to arteriosclerosis 10 yrs.

Due to \_\_\_\_\_ 10 yrs.

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

68 11 10 hr. min.

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

Major findings: hypertension

Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

dl

Underline the cause to which death should be charged statistically.

9. Birthplace Carthage, Mo. C.  
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business Law Office

12. Name John William Halliburton

13. Birthplace Linneus, Mo. D.  
(City, town, or county) (State or foreign country)

14. Maiden name Julia B. Ivie

15. Birthplace Kirksville, Mo. D.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Louise Halliburton

(b) Address 420 W. Chestnut Carthage, Mo.

17. (a) Burial (b) Date thereof Nov 5, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 11/4/48 (b) D. B. Clinton  
(Date received local registrar) (Registrar's signature)

137 (Licensed Embalmer's Statement on Reverse Side)

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 ( )

Signature Frank H. Pinner (M. D. or other)

Address Carthage, Mo. Date signed Jan 4 1948

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

MOTHER FATHER

NOV 30 1948

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 *John S. Pennehy*  
Licensed Embalmer No. *41940*

P. O. Address.....

**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.**