FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 13 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35660

Primary Registration District No. 1000

Registrar's No. 1302

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: 540 West Chestnut, St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 5 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 540 West Chestnut St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: David A. Halliday

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: Not given

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

7. Birth date of deceased: May (Month) 20 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	6	12	hr. min.

9. Birthplace: Unk (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: --

FATHER
12. Name: A. W. Halliday
13. Birthplace: Unk (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Mary Reeves
15. Birthplace: Unk (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Mrs. W. G. Schweizer
(b) Address: 540 W. Chestnut-St. Joseph, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 12-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Shenandoah, Iowa

18. (a) Signature of funeral director: Stamey Funeral Home
(b) Address: St. Joseph, Mo.

19. (a) 12-8-48 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1948 hour 3 minute 50 p.m.

21. I hereby certify that I attended the deceased from Nov 22, 1948, to Dec 2, 1948, that I last saw him alive on Dec 2, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocardial Insufficiency	[illegible]
Due to: Arteriosclerosis General	[illegible]
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: [illegible]

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature: Gustav A. Kraus (M. D.) M.D.
Address: Kirkpatrick Bldg. St. Joseph, Mo. Date signed 12/3/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 George A. Kerby, Registered Apprentice No. 264 working under my personal supervision.

Signed John Roy Stone

Licensed Embalmer No. 2435

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.