

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1948
Registration District No. _____

Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution:
At home.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 75 Years. years, months or days)

3: (a) PRINT FULL NAME Mrs. Lydia Ann Haller.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Louis Haller. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 18th 1866
(Month) (Day) (Year)

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

82	2	26	_____ hr. _____ min.
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9. Birthplace Bethelton, Indiana.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At home.

MOTHER FATHER { 12. Name Richard Hull

{ 13. Birthplace Gilford County, North Carolina.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Louisa J. Swain.

{ 15. Birthplace Gilford County, North Carolina.
(City, town, or county) (State or foreign country)

16. (a) Informant John Haller.

(b) Address Boonville, Mo.

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

(c) Place: burial or cremation Pilot Grove, Mo.

18. (a) Signature of funeral director Goodman & Boller.

(b) Address Boonville, Mo.

19. (a) 12-18-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Boonville
(If outside city or town limits, write "RURAL") 30

(d) Street No. West Street.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1948 hour 10 minute _____ p. M.

21. I hereby certify that I attended the deceased from June
_____ 1947 to Dec 1948
that I last saw her alive on Dec 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Arterio sclerosis
& Hypertension 1 yr.
Due to Arterio
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 97

Of autopsy _____

PHYSICIAN
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)

(e) Means of injury 0

23. Signature M. L. DeLoreaux (M. D. or other) MD
Address Boonville Mo. Date signed 12/18/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-29-48

DEC 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

G. F. Boller

Licensed Embalmer No.

3067

P. O. Address

Roanoke, 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.