

REC'D AUG 10 1938

 MISSOURI STATE BOARD OF HEALTH
 7 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

25432

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township _____ Primary Registration District No. 3118 Registered No. _____
 (c) City Clinton (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Martha Halcomb 425
 (a) Residence, No. Jefferson St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Halcomb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 2 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Mo

FATHER 13. NAME Thomas Knox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Elizabeth Bentz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co

17. INFORMANT (ADDRESS) Ben Halcomb Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE 7-14 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred E. Wilkinson Clinton Mo

20. FILED 7-18 38 J. H. Humphreys Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938, to July 13 1938
 I last saw him alive on July 12 1938. Death is said to have occurred on the date stated above, at 3:20 p.m.
 The principal cause of death and related causes of importance were as follows:

apoplexy
92 W
 Date of onset 7-4-38

Other contributory causes of importance: Emaciation 1-1-38

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) H. Swalper _____, M. D.

(Address) Clinton Mo

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

Fred Wilkerson

Licensed Embalmer No.

2478

P. O. Address

Clinton, 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, above space should be left blank.