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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 8 1944
Registration District No. 37

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 5503

State File No. 37853
Registrar's No. 195

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town "Rural" - Bethlehem
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 50 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Clinton "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OLEVIA Halford
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 12
year 1944 hour 7 minute 00 A.M.
21. I hereby certify that I attended the deceased from Nov 5
1944 to Nov 12, 1944.
that I last saw her alive on Nov 5, 1944,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife John Halford 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased (Month) 6 (Day) 4 (Year) 1862

Immediate cause of death Coronary Thrombosis Duration 10 da
Due to _____
Due to _____
Other conditions 942
(Include pregnancy within 3 months of death)

8. AGE: Years 82 Months 5 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Moniteau Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name J. W. Harvey
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Hill
15. Birthplace Moniteau Co. Mo. (City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Sam Weakley
(b) Address Clinton Mo. R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Good Hope Cemetery

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 _____

18. (a) Signature of funeral director Fred Wilkerson
(b) Address Clinton Mo.
19. (a) November 13 1944 (Date received local registrar) Georgia Kitcher (Registrar's signature) J. K.

23. Signature Ed Walker (M. D. or other) M.D.
Address Clinton Mo. Date signed 11-13-44

10 69

(Licensed Embalmer's Statement on Reverse Side)

Number No. 7
11-44-1362
Date 12-7-44

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 Frank Welkman
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, fact should be so stated above.