

FILED APR 18 1947
Registration District No. **5503**

Primary Registration District No. **5503**

Registrar's No. **100**

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

1. PLACE OF DEATH:

(a) County: **HENRY**

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

(c) Name of hospital or institution: **Bethlehem Sewer**
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo** (b) County: **HENRY 42**

(c) City or town: **CLINTON**
(If outside city or town limits, write "RURAL")

(d) Street No.: **6 M SE Clinton Mo**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: **Madison G Halsey**

3. (b) If veteran, name war:

3. (c) Social Security No.:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **10** year **1947** hour **3:00** minute **AM**

21. I hereby certify that I attended the deceased from **3 Mar 1947** to **10 Apr 1947** that I last saw him alive on **3 Mar 1947** and that death occurred on the date and hour stated above.

Duration: _____

4. Sex: **Mo** 5. Color or race: **W**

6. (a) Single, widowed, married, divorced: **married**

6. (b) Name of husband or wife: **Mary H Halsey**

6. (c) Age of husband or wife if alive: **74** years

7. Birth date of deceased: **8 14 1851**
(Month) (Day) (Year)

Immediate cause of death: **Myocarditis**

Due to: _____

Due to: _____

8. AGE: Years **95** Months **4** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace: **West Va**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business: _____

12. Name: **James C. Halsey**

13. Birthplace: **Wethtville West Va**
(City, town, or county) (State or foreign country)

14. Maiden name: **Martha Jane Belchey**

15. Birthplace: **W Va**
(City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death) _____

Major findings: **93E**

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____
Underline the cause of which death should be charged statistically.

16. (a) Informant: **Mary H Halsey**

(b) Address: **Clinton Mo**

17. (a) Burial, cremation, or removal: **Burial**

(b) Date thereof: **4 11 47**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Wick Mo**

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)

(e) Means of injury: **0**

18. (a) Signature of funeral director: **Fred Wilkerson**

(b) Address: **Clinton Mo**

19. (a) **4-11-47** (Date received local registrar)

(b) **R.P. Kennedy** (Registrar's signature)

23. Signature: **James C. Halsey** (M. D. or other) **M.D.**

Address: **Clinton, Mo** Date signed: **11 Apr 1947**

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RECEIVED
District Health Officer No. 71
3-3-47-453
District File Number ~~4-1-453~~
Date Filed 4-17-47

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 Wilkinson

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.