

FILED JAN 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1070

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clinton</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clinton</i>	
c. LENGTH OF STAY (in this place) <i>11 mo</i>		d. STREET ADDRESS (If rural, give location) <i>105 E. Ohio</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Wetzel Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Ellen</i> b. (Middle) <i>Hallahan</i> c. (Last) <i>Hallahan</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>JANUARY 9 1949</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>11-15-1868</i>	9. AGE (In years last birthday) <i>79</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>

13a. FATHER'S NAME <i>Jessie Laimore</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Price</i>		14. NAME OF HUSBAND OR WIFE <i>John H. Hallahan</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>200</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Harlow Hautz</i> ADDRESS <i>Clinton Mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>lobar pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>hypersthenic character</i>		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <i>due to (b) senility &amp; similar causes</i>		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>41</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-14*, 1948, *Jan-19*, 1949, that I last saw the deceased alive *Jan-19*, 1949, and that death occurred at *9:35 P.M.* from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Sus J. Wood</i>		23b. ADDRESS <i>DD+ 105 E. Ohio Clinton Mo</i>		23c. DATE SIGNED <i>Jan 20 1949</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Jan-22-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Englewood cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Clinton Mo</i>	
DATE REC'D BY LOCAL REG. <i>Jan 22-49</i>	REGISTRAR'S SIGNATURE <i>R. P. Kenney</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Siskman &amp; Dunning</i> ADDRESS <i>Clinton Mo</i>		

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

RECEIVED

District Health Officer No. 7

District File No. 12-48-167

Date Filed 1-24-49

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 \_\_\_\_\_

*R. L. Dunning*

Student Embalmer No. 3682

working under my personal supervision.

Signed *Robert L. Dunning*  
Student Embalmer

Signed *J. H. Housey*  
Licensed Embalmer No. 3682  
P. O. Address *Calhoun, 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.