

FILED MAY 14 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 75-5144

State File No. \_\_\_\_\_

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town R. F. D. Harrisburg Mo  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town R. F. D. Harrisburg Mo  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? About 80 years.

3. (a) PRINT FULL NAME Mrs Christine Rhodes

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 9 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 5 6 hr. \_\_\_\_\_ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Martin Halsbach  
13. Birthplace Germany  
14. Maiden name Don't know  
15. Birthplace Germany

16. (a) Informant Mrs Robert Bailey

(b) Address R. F. D. Harrisburg Mo

17. (a) Burial (b) Date thereof Apr 18 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perche Boone Co.

18. (a) Signature of funeral director Joe W Burton

(b) Address Higbee Mo

19. (a) April 13 1941 (b) Mrs H Gullett  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15  
year 1941 hour II minute 45 p.m.

21. I hereby certify that I attended the deceased from Dec 1 1939 to Apr 9 1941

that I last saw her alive on Apr 9 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial nephritis Duration 3 1/2 yr

Due to mitral Regurgitation Duration 2 1/2 yr

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 121 W

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

7/4 While at work? \_\_\_\_\_ (Specify type of place) (c) Manner of injury

23. Signature H Gullett (M. D. or other) D  
Address Harrisburg Date signed 4-11-41

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

AUG 18 1941

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 Me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Carl Roberson

Licensed Embalmer No. 4101

P. O. Address Higden, 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.