

S. No. 2  
1-1-4-41  
7. 5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15829

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

FILED MAY 13 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6160

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Nevada, mo Rt # 31  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt 3 Nevada, mo  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charlene Joe Hallam

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased aug 20, 1941  
(Month) (Day) (Year)

8. AGE: Years 0 Months 7 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation none

11. Industry or business none

12. Name Charles Harry Hallam

13. Birthplace Longmont, Colo  
(City, town, or county) (State or foreign country)

14. Maiden name Alma Fay Hicks

15. Birthplace Schell City, mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hallam

(b) Address Nevada, mo Rt # 3

17. (a) Burial (b) Date thereof 4/16/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery

18. (a) Signature of funeral director Terry Emmaal Young

(b) Address Nevada, mo

19. (a) 4-17-42 (b) Elizabeth Grebowicz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14, year 1942 hour 4:25 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 7-13-42 to 4-14-42 and that death occurred on the date and hour stated above.

Immediate cause of death acute bronchial pneumonia Duration \_\_\_\_\_  
Due to acute upper respiratory infection 5ch  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: 107  
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? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M.D. or other) \_\_\_\_\_  
Address Nevada, mo Date signed 4-15-42

1231 (Licensed Embalmer's Statement on Reverse Side)

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

08  
0

RECEIVED

District Health Officer No. 7,

District File Number 5-42-461

Date Filed 5-16-42

**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 \_\_\_\_\_

*Lloyd R. Winsett*

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.**