

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27281

State File No. _____

Registrar's No. 6

Registration District No. 389

Primary Registration District No. 5544

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

1. PLACE OF DEATH:

(a) County Howell
(b) City or town South Fork
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether
In this community _____ years, months or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell
(c) City or town South Fork
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Rhoda Jane Hallaway

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30 year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 1930 to _____, 1942
that I last saw her alive on May 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Embolicism?
She died within 30 minutes after attack
Due to Diabetes Melitis, ch. with heart.

4. Sex 7-1

5. Color or race W

6. (a) Single, widowed, married, divorced M

(b) Name of husband or wife J. D. Hallaway

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased 6/30

8. AGE:

Years 54 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Howell Co., Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name W. A. Ritchey

13. Birthplace Kennett Mo
(City, town, or county) (State or foreign country)

14. Maiden name Christine

15. Birthplace Kennett Co., Mo

(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Hallaway

(b) Address S. Fork, Mo

17. (a) _____ (Burial, cremation, or removal)

(b) Date thereof 7-2-42
(Month) (Day) (Year)

18. (a) Signature of funeral director _____

(b) Address West Plains, Mo

19. (a) 7-4-42 (Date received local registrar)

(b) W. A. Ritchey (Registrar's signature)

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

Major findings: Of operations 61
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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____
Signature W. A. Ritchey (M. D. or other) _____
Address West Plains, Missouri Date signed 7/2/42

1125

Thornburgh

RECEIVED

District Health Officer No. 5,

District File Number 742605

Date Filed 8-19-42

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 D. Roberts

Licensed Embalmer No. 3430

P. O. Address West Plains, 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.