

FILED SEP 11 1943  
Registration District No. **72**

Primary Registration District No. **1000**

1. PLACE OF DEATH:  
(a) County **Buchanan**  
(b) City or town **St Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**302 So 19th St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **65 Years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St Joseph**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **302 So 19th St**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Winfield Ray Halterman**  
(b) If veteran, name war **No** (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
(b) Name of husband or wife **Lymmie Ellen Halterman** (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 11 1872**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **3** Days **14** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Sheet Metal**

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

MOTHER FATHER { 12. Name **Richard Halterman**  
13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sarah Halterman**  
15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs W.R. Halterman**  
(b) Address **302 So 19th St.**

17. (a) **Burial** (b) Date thereof **8-27-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Fleeman & Son Inc.**

(b) Address **St Joseph, Mo.**

19. (a) **8/21/43** (b) **Rose Heigoy**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **25th**  
year **1943** hour **3** minute **05 P** M.

21. I hereby certify that I attended the deceased from **June 13**, 19**43**, to **Aug 25**, 19**43**  
that I last saw him alive on **aug 20**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive cardiovascular renal disease**  
Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) **131a**

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

Of autopsy \_\_\_\_\_

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 **W. Saperstein** (M. D. or other) **MD**  
Address **620 Franklin** Date signed **8-27-43**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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..... *Robert H. Yapple* .....

Licensed Embalmer No. *3308* .....

P. O. Address..... *St Joseph, 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.**