

S. No. 2  
M-8-43  
5-17-39  
X37823

2138

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
FILED JAN 22 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 42

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

1. PLACE OF DEATH

(a) County Dunklin

(b) City or town Malden  
(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) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin

(c) City or town Malden  
(If outside city or town limits, write "RURAL.")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country ?

3. (a) PRINT FULL NAME Mary Emma Jane Halbert

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6  
year 1944 hour 5 minute 30 P. M.

4. Sex F 5. Color H 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 77 years  
(Day) 1871 (Year)

21. I hereby certify that I attended the deceased from 11-30-44, 1944 to 12-6-44, 1944;  
that I last saw her alive on 12-5-44, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_  
on 11-30-44

8. AGE: Years 73 Months 4 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to High Blood Pressure, necessary arteriosclerosis

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

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

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

10. Usual occupation Housewife

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

12. Name William Shane

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

14. Maiden name Mary Lehr

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

16. (a) Informant W. C. Halbert

(b) Address Malden MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Malden MO

18. (a) Signature of funeral director Orin L. D. Delder

(b) Address Malden, MO

19. (a) 12-8-44 (Date received local registrar) (b) T. D. Delder (Registrar's signature)

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 Dr. C. A. ... (M. D. or other) Dr. Delder  
Address Malden Date signed 12/7/44

**RECEIVED**

District Health Office No. 2

District File Number 145-31

Date Filed 1-16-45

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**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..... *H. L. Craig*.....

Licensed Embalmer No..... *4302*.....

P. O. Address.....

**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.**