

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32880**

Registration District No. **44**

Primary Registration District No. **4061**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Braymer
(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 30 yrs
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell **13**

(c) City or town Braymer Mo
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jacob J. Halterman

3. (b) If veteran, name war --

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11th
year 1946 hour 11 minute 00am M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Manerva Halterman

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 24 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>4</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death This man died without medical attention for the last three weeks of his life and had been dead about an hour before the Doctor arrived. He had had two paralytic strokes recently and a bad heart. **Duration**

From all indications he died from an heart attack.

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation mining and trader

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business retired

12. Name Jacob Halterman

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

14. Maiden name Amy Schaffer

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

16. (a) Informant Mrs J.J. Halterman

(b) Address Braymer, Mo.

17. (a) burial (b) Date thereof 10-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetary

18. (a) Signature of funeral director Summit J. Neal

(b) Address Braymer, Mo

19. (a) 10-15-46 (b) Mrs. Nell B. Jones
(Date received local registrar) (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? **0**

(Specify type of place) _____

(e) Means of injury **0**

23. Signature Summit J. Neal Seeb. Sec. Registrar
(M.D. or O.D.) (M.D. or O.D.)

Address Braymer, Missouri Date signed 10/14/46

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

MOTHER FATHER

29

375

(Licensed Embalmer's Statement on Reverse Side)

JAN 27 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Bernard J. Meach*

Licensed Embalmer No. 2801

P. O. Address Braymer, Missouri

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.