

FILED MAR 21 1947

Registration District No. 386

Primary Registration District No. 6137

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Winona (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
her own home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 55 years
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. County Shannon / 0 /
(c) City or town Winona (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country?
If yes, name country..... (Yes or No)

3. (a) PRINT FULL NAME May Halbert

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F / race W 5. Color or race W 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife W. D. Halbert 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Nov 11 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 21 If less than one day
hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER
12. Name Thomas Broadhead
13. Birthplace U.S.A.
(City, town, or county) (State or foreign country)
14. Maiden name Nan Ireland
15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Lowther,
(b) Address Hughesville, Mo.

17. (a) Burial (b) Date thereof Mar 4 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winona
18. (a) Signature of funeral director Seaton Perrett
(b) Address Winona, Mo
19. (a) 3-10-47 (b) Ussal Rose
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2
year 1947 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 15 1947
....., 19....., to March 2, 1947
that I last saw her alive on Feb 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration Sudden

Due to
Due to

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
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 R. D. Davis (M. D. or other).....
Address Birch Tree Mo Date signed 3/10/47

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..... *Seaton Pewitt*

Licensed Embalmer No..... *2287*

P. O. Address..... *Van Buren In*

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.