

FILED JUL 9 1945

Registration District No. 316

Primary Registration District No. 6075

State File No. ....

Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Leadington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 St. Francis  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution years  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Leadington, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME

Geo. A. Hallbrook

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

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married divorced  
6. (b) Name of husband or wife Mary Hallbrook 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased June 4 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 24 If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business .....

12. Name John Hallbrook

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

14. Maiden name Matilda Oberlin

15. Birthplace St. Genevieve Co, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Hallbrook

(b) Address Leadington Mo

17. (a) Burial (b) Date the body was buried May 30 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Lawn

18. (a) Signature of funeral director Baldwell Bros

(b) Address Flat River Mo.

19. (a) 6/12/45 (b) Esther Kudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28<sup>th</sup> day May  
year 1945 hour 2:30 minute 4 M.

21. I hereby certify that I attended the deceased from May 27<sup>th</sup> 1945 to May 28<sup>th</sup> 1945.  
that I last saw him alive on May 27<sup>th</sup> 1945.  
and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy Duration 2 days  
Due to: Hypertensive cardio-vascular renal disease

Due to: .....

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

Major findings: Of operations: (150)

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: H. C. Shepherd (M. D. or other) .....

Address: Flat River Mo. Date signed: 5-29-45

1397

RECEIVED

District Health Officer No. 4

District File Number 745-861

Date Filed 7-7-45

JUL 17 1945

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 W.A. Baldwin

Licensed Embalmer No. 3317

P. O. Address Flat River

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.