

No. 2  
-1/47  
5-17-39

28406

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 30 1947

Registration District No. 224

Primary Registration District No. 5796

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Moniteau Co.  
(b) City or town Rural  
(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..... years, months or days)

3. (a) PRINT FULL NAME ERNEST HALDIMAN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Mathews Haldiman 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased May 28 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 2 14 hr. min.

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

10. Usual occupation Farming

11. Industry or business.....

12. Name John Haldiman

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

14. Maiden name Rose Homan

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

16. (a) Informant Mrs Ernest Haldiman

(b) Address California Mo.

17. (a) Burial (b) Date thereof 8-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem.

18. (a) Signature of funeral director Hugh E. Hession

(b) Address California Mo.

19. (a) 8/13/47 (b) H. R. Popejoy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau Co.  
(c) City or town Rural  
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 in year 1947 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 4 1946 to Aug 6 1947 that I last saw him alive on Aug 11 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Coronary Insufficiency

Due to Arteriosclerosis

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause of 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?..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature J. P. Burt Jr (M. D. or other) Address California Mo Date signed 8/13, 47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed Aug 29 1947

SEP 4 1947

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..... *Hugh E. Hillman* .....

Licensed Embalmer No..... *3537* .....

P. O. Address..... *California 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.