

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 16 1948 STANDARD CERTIFICATE OF DEATH

Registration District No. 224

Primary Registration District No. 3046

State File No.

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Moniteau Co.
 (b) City or town California, Mo. Walker
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
702 N High St. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life (Specify whether
 In this community Life
 years, months or days)

3. (a) PRINT FULL NAME Rosie M. Haldiman

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

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Haldiman
 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 30 1873
 (Month) (Day) (Year)

8. AGE: 72 Years Months 8 Days 21
 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Alex Berger13. Birthplace Switz
 (City, town, or county) (State or foreign country)14. Maiden name Mary Wye's15. Birthplace Switz
 (City, town, or county) (State or foreign country)16. (a) Informant Henry Haldiman(b) Address California, Mo.

17. (a) Burial (b) Date thereof Apr. 23, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Cent.18. (a) Signature of funeral director Bewlin Funeral Home(b) Address California, Mo.

19. (a) 4-23-46 (b) H.R. Popejoy
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
 (c) City or town California, Mo. /
 (If outside city or town limits, write "RURAL")
 (d) Street No. 702 N High St. /
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
 year 1946 hour 10/5 minute P. M.

21. I hereby certify that I attended the deceased from May 2
1946 to April 21 1946
 that I last saw her alive on April 1 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death

Arteriosclerosis

Due to

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 97

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 2

23. Signature H.R. Popejoy (Date or other) 4-23-46
 Address California, Mo. Date signed 4/23/46

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-13-46

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Eugene A. Boulton
Licensed Embalmer No. 2126
P. O. Address California, D.C.

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.