

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15554

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau
(b) Township Walker
(c) City California Mo.Registration District No. 571Primary Registration District No. 4335Registered No. 19

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)
St. _____
yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME Pearl Dessie Haldiman(a) Residence, No. California Mo. St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 7 1900

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, _____ hrs.
or _____ min.39218

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.None9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Moniteau Co

FATHER

13. NAME

Henry Haldiman

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Moniteau Co

MOTHER

15. MAIDEN NAME

Rosie M Berger

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Moniteau Co

17. INFORMANT

(ADDRESS)

Henry HaldimanCalifornia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Evangelical Cem DATE April 27 1939

19. FUNERAL DIRECTOR (NAME)

(ADDRESS)

Bowlin Funeral HomeCalifornia Mo.

20. FILED

4-26-1939 A.R. Popejoy
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

APRIL 26 193922. I HEREBY CERTIFY, That I attended deceased from
APRIL 10 1939 to APRIL 26 1939I last saw her alive on APRIL 26 1939 Death is saidto have occurred on the date stated above, at 12:10am.

The principal cause of death and related causes of importance were as follows:

CARCINOMA OF UTERUS

Date of onset

DECEASEDSTANDING

Other contributory causes of importance:

MENOPAUSE4-10-39

Name of operation

Date of

What test confirmed diagnosis? PALPATION Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

D. Joseph F. DeLoe
California, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Earl P. Boulin

Licensed Embalmer No. 2126

P. O. Address California 211

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, above space should be left blank.