

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12661

FILED APR 17 1902

State File No. \_\_\_\_\_

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 1902

1. PLACE OF DEATH:

(a) County COOPEY  
(b) City or town BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
RAUENSWAY HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 WEEKS  
(Specify whether  
In this community 47 YEARS  
years, months or days)

3. (a) PRINT FULL NAME AMELIA H. PILSE  
3. (b) If veteran, name war \_\_\_\_\_ 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 OMEY PILSE 6. (c) Age of husband 53 years  
7. Birth date of deceased 12 2 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 3 19 hr. min.

9. Birthplace MISSOURI 0  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name HELVICH BIERI 5

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

14. Maiden name ANNA STAUFFER

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

16. (a) Informant Mrs Brand Baer

(b) Address Jamestown Mo

17. (a) R (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MONTEAU EVAN, CEM

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Gracie Home Mo

19. (a) 3/22/02 (b) Clay Harris  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPEY 27  
(c) City or town RURAL (If outside city or town limits, write "RURAL")  
(d) Street No. NEBY PISGAH (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 11 hour 39 minute 5 M.  
21. I hereby certify that I attended the deceased from Jan 28 1946 to March 21 1946  
that I last saw her alive on March 21 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremi Duration March 1946  
Due to pyelonephritis of both kidneys, with stone in both kidneys.  
Due to stone.

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Same as above  
Of operations: \_\_\_\_\_  
Of autopsy none

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 Alva Ravenwood (M. D. or other)  
Address Boonville Mo Date signed 3.23.46

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

11561

**RECEIVED**

District Health Officer No, 8,

District File Number \_\_\_\_\_

Date Filed 4-15-46

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**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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.**