

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34834
Registrar's No. 207

FILED NOV 10 1944

Primary Registration District No. 3046

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:
611 North High
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 Yrs
years, months or days

3. (a) PRINT FULL NAME Louise Affolter

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herman Affolter 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased October 9 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 22 If less than one day
hr. _____ min.

9. Birthplace Switz 5
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name Mathias Haldiman

13. Birthplace Switz 5
(City, town, or county) (State or foreign country)

14. Maiden name Stauffer
15. Birthplace Switz 5
(City, town, or county) (State or foreign country)

16. (a) Informant Wilfred Affolter

(b) Address 400 E. Howard, Calif. Mo.

17. (a) Burial (b) Date thereof Nov 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill, California

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.

19. (a) Nov 3-44 (b) 29 Hillel
(Date received equal registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 67
(c) City or town California, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 611 North High St. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 2
year 1944 hour 5/55 minute A M.

21. I hereby certify that I attended the deceased from July 1941 to Nov 2 1944
that I last saw her alive on November 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with mitral stenosis
Due to Generalized arteriosclerosis
Due to _____

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

Major findings:
Of operations 92 h
Of autopsy _____

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 Raymond Latham (M.D. or other) _____
Address California, Mo Date signed 11-3-44

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

RECEIVED

District Health Officer No. 9

District File Number

Date Filed 11-9-44

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 R. Bomlein

Licensed Embalmer No. 2126

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.