

FILED SEP 6 1946  
 Registration District No. 228

Primary Registration District No. 3046

1. PLACE OF DEATH:

(a) County Moniteau  
 (b) City or town California  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Lathan Sanatorium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 month 14 day  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME ORA MAY HALDIMAN

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 or wife E. Waldman 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased May 2 1885  
 (Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business

12. Name William S. Swearingen  
 13. Birthplace Cole Co. Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Cynthia Pace  
 15. Birthplace Cole Co. Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant F. C. Waldman  
 (b) Address Lohman, Mo.

17. (a) burial (b) Date thereof 8-7-1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion Cemetery California Mo

18. (a) Signature of funeral director A. E. Wilson

(b) Address California Mo.

19. (a) 8-5-46 (b) H. R. Doney  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole  
 (c) City or town Lohman  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1946 hour 10 minute 40 p.m.

21. I hereby certify that I attended the deceased from May 22 1946 to Aug 3 1946  
 that I last saw him alive on Aug 1 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis  
 Due to Diabetes Mellitus  
 Duration 1 day  
 Due to 2 yr

Other conditions Diabetes gangrene left foot  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Col

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 0

23. Signature L. L. Lohman (M. D. or other)  
 Address California Mo. Date signed 8-7-46

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

RECEIVED  
District Health Officer No. 9,  
District File Number 9-46-55  
Date Filed 9-5-46

---

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

Signed..... *A. E. Wilson*.....  
Licensed Embalmer No. *2351*  
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.