

S. No. 2
1-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33108**

FILED NOV 13 1946
Registration District No. **19-40**

Primary Registration District No. **53025306**

Registrar's No. **10**

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Centertown
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nearer Centertown, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Centertown
(If outside city or town limits, write "RURAL")

(d) Street No. Nearer Centertown
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary A. Smith

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1946 hour 2 minute 30 P.M.

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife Clarence

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 29, 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June, 1946, to Oct 29, 1946
that I last saw her alive on Oct 28, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 2 Days 29
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral hemorrhage Duration 5 min

Due to Arterial sclerosis unknown

Due to _____

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

10. Usual occupation Housewife

Other conditions (include pregnancy within 3 months of death) g3A

11. Industry or business _____

12. Name Louis Seaward

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

14. Maiden name Fannie Pfeiffer
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Clarence J. Smith

(b) Address Centertown, Mo.

17. (a) Burial (b) Date thereof 10/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown, Mo. Cem.

18. (a) Signature of funeral director Walter Buescher

(b) Address Jefferson City, Mo.

19. (a) Oct. 30 (b) Mrs. Minnie H. Hattenmeyer
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury 2

23. Signature Walter Buescher (M. D. or other) g3A
Address Centertown, Mo. Date signed 10/29/46

70

FEB 24 1948

Date Filled 11/27/46

District File Number

District Health Officer No. 9,

RECEIVED

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 Victor Buescher

Licensed Embalmer No 3701

P. O. Address Jefferson City, 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.