

No. 2
-1-4-41
1-17-39

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

FILED NOV 6 1941

STANDARD CERTIFICATE OF DEATH

State File No. 34577

Registration District No. 13

Primary Registration District No. 5191

Registrar's No. 109

1. PLACE OF DEATH:

(a) County: Carroll
(b) City or town: Rural Sugar Tree, Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Carroll
(c) City or town: Rural Sugar Tree, Mo.
(d) Street No.:
(e) Citizen of foreign country? No.
If yes, name country _____

3. (a) FULL PRINT NAME: Mabel Lou Bierbaum

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

4. Sex: Female 5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alfred Bierbaum
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: Nov 6 1897 (Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
	43	11	24	hr. min.

9. Birthplace: Cooper Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER
12. Name: Frank Smith
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name: Unknown 9
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Alfred Bierbaum
(b) Address: Carrollton Mo P.O.

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 11-2-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Gilead Cem.

18. (a) Signature of funeral director: Standley
(b) Address: Carrollton Mo

19. (a) 11-3-41 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1941 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 1946 to Nov 6 1946 that I last saw her alive on Nov 6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Stomach

Due to: _____

Due to: _____
Other conditions: 46 lb (Include pregnancy within 3 months of death)

Major findings: Cancer of Stomach
Of operation: _____
Of autopsy: _____

Duration
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: [Signature] Address: [Address] Date signed: 11-2-41

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

RECEIVED
District Health Officer No. 8,
District File Number 11-5-47
Date Filed

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 *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton, Va*

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.