

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1649

FILED FEB 9 1945
Registration District No. 22

Primary Registration District No. 4042

State File No. _____

Registrar's No. 46

1. PLACE OF DEATH:

(a) County BOLBINGER

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

(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 _____ (Specify whether)

In this community LIFETIME years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BOLBINGER

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SADIE ALMETA ENGELHART

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 3RD
year 1945 hour 11:00 minute 15 P. M.

21. I hereby certify that I attended the deceased from aug
1944, to Jan, 1945
that I last saw her alive on Dec 31, 1944
and that death occurred on the date and hour stated above.

4. Sex F 1 Color or race W 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOW

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

7. Birth date of deceased: JUNE 25 1982
(Month) (Day) (Year)

Immediate cause of death: Intestinal obstruction Duration 4 day

Due to metastatic carcinoma of bowel 2 mos

Due to Carcinoma of cystic duct 8 mos

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

8. AGE: Years Months Days If less than one day

62 6 5 hr. _____ min.

9. Birthplace BOLBINGER Co. Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation H.W.F.

11. Industry or business _____

12. Name JOHN C. COLE

13. Birthplace BOLBINGER Co. Mo. U
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace BOLBINGER Co. Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Alpha Englar

(b) Address LUTESVILLE, Mo.

17. (a) BURIAL (b) Date thereof JAN. 5, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BAKER CEM. LUTESVILLE, Mo.

MOTHER FATHER

18. (a) Signature of funeral director BAKER FUNERAL HOME
(b) Address LUTESVILLE, Mo. J. L. Graham

19. (a) JAN 25 1945 (b) Miss Geneva Graham
(Data 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? _____

(Specify type of place)

• While at work? _____ (c) Means of injury 0

23. Signature T. E. Ruff (M. D. or other) MD
Address Jackson, Mo. Date signed Jan 25

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Special Death Officer No. 4
District File Number 275-195
Date Filed 2-7-45

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lu teville, 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.