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U.S. No. 10
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38813**

FILED DEC 10 1945

Registration District No. **360**

Primary Registration District No. **8076**

Registrar's No. **135**

1. PLACE OF DEATH:

(a) County Lernon

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

(c) Name of hospital or institution:
At home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lernon **188**

(c) City or town Nevada
(If outside city or town limits, write "RURAL") **2**

(d) Street No. 33 1/2 N. Cedar St.
(If rural, give location) **0**

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

If yes, name country ✓

3. (a) PRINT FULL NAME Gertrude Grace Schultz

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 19
year 1945 hour 10³⁰ minute A.M.

21. I hereby certify that I attended the deceased from Sept. 1944 to 11-19, 1945
that I last saw h. or alive on 11-18, 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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 Jan 28 1879
(Month) (Day) (Year)

Immediate cause of death Probable cardiac standstill secondary to chronic rheumatic heart disease with mitral stenosis, regurgitation & auricular fibrillation and deep pneumonia

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>9</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Lernon Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Stamper

11. Industry or business _____

12. Name Wm Taylor Dow

13. Birthplace Lib Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Frances Dow

15. Birthplace Lernon Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Scott Dow

(b) Address Kansas City Mo.

17. (a) Burial (b) Date thereof Nov 21 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Nevada Mo.

19. (a) Nov 30 45 (b) Walter H. Yancy
(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? _____

_____ (Specify type of place)

_____ (e) Means of injury

23. Signature Wm Taylor Dow (M, D, or other) _____
Address Nevada, Mo. Date signed 11-19-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

Director No. 71

11-45-1195

Date Filed

12-10-45

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

Allen H. Kays

Licensed Embalmer No. *1968*

P. O. Address *Nevada, 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.