

FILED SEP 14 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 358

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town Sedalia
(If outside city or town limits, write "RURAL")
 (d) Street No. 1315 East 13th
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CHARLES LOUIS MOMBERG

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Louise Momberg 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased August 15 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>		<u>15</u>	hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John Henry Momberg

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

14. Maiden name Emelia L. Momberg

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

16. (a) Informant George Momberg

(b) Address 1319 E. 16th, Sedalia, Mo.

17. (a) Burial (b) Date thereof 9-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo. P. Dillard
Sedalia, Mo.

(b) Address _____

19. (a) 8/31/46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
 year 1946 hour XXXX minute 1:40 P.M.

21. I hereby certify that I attended the deceased from August 26, 1946, 19____, to August 30, 1946, 19____; that I last saw him alive on August 30, 1946 P.M., 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bronchial. Duration WK.

XXX

Due to Infection. Acute.

Due to Age.

Other conditions Arterio-sclerosis.
(Include pregnancy within 3 months of death)

Major findings: No operation.

Of autopsy No autopsy.

XXX

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No accident.

(b) Date of occurrence XXX

(c) Where did injury occur? No injury.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXX

While at work? XXX (Specify type of place) (e) Means of injury XXX

23. Signature [Signature] (M. D. or other)

Address Sedalia, Missouri. Date signed 8-31-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

251

(Licensed Embummer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed

7-14-46

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

L. F. Parker

Licensed Embalmer No. 3840

P. O. Address 610 W. 3rd, Sedalia, 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.