S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12416

Registration District No. 31 Primary Registration District No. 5108 Registrar's No. 17

**1. PLACE OF DEATH:**

(a) County Benton
(b) City or town Cole Camp Rural Township Williams
(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 16 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Benton 8
(c) City or town Cole Camp Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles West 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Matilda Alms
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife John H Alms
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May 11th (Month) 1884 (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 62 | 11 | 3 | hr. min. |

9. Birthplace Arrow Rock (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Ferdnand Pollonick
13. Birthplace (City, town, or county) Bohemia 8 (State or foreign country)
MOTHER
14. Maiden name Dora Chmelir
15. Birthplace (City, town, or county) Bohemia 8 (State or foreign country)
16. (a) Informant John H Alms
(b) Address Cole Camp R #1 Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters & St Paul
18. (a) Signature of funeral director E L Erdahoff
(b) Address Cole Camp Mo
19. (a) May-5-1947 (Date received local registrar) (b) Pauline Harms (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 14th year 1947 hour 10 minute 30 P M.
21. I hereby certify that I attended the deceased from 4-6-1947 to 4-14-1947 that I last saw her alive on 4-14-1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Branchiol Asthma | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature T. S. Reser (M. D. or other) MD
Address Cole Camp Mo Date signed 4-15-47

(Licensed Embalmer's Statement on Reverse Side)

SEP 13 1951

RECEIVED
District Health Officer No. 7,
District File Number 4-47-551
Date Filed 5-9-47

## 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 E L Eichhorn

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.**