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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

664

State File No. _____

FILED FEB 16 1948

Registration District No. 99

Primary Registration District No. 4170

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County DeKalb.
(b) City or town Union Star Mo.
(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 All life. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb 32
(c) City or town Union Star K.R. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gerty Bowen

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

4. Sex Female / 5. Color or race Cau 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec 22 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 18 hr. min.

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

10. Usual occupation Housework

11. Industry or business Same

12. Name James K. Hudson. /

13. Birthplace Virginia ? (City, town, or county) (State or foreign country)

14. Maiden name Huffman. 15. Birthplace Germany. (City, town, or county) (State or foreign country)

16. (a) Informant Frank Bowen

(b) Address Union Star Mo. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1.12.1948
(Month) (Day) (Year)

(c) * Place: burial or cremation Union Chapel

18. (a) Signature of funeral director R. D. Haggart

(b) Address King City Mo.

19. (a) 1-20-48 (Date received local registrar) (b) R. D. Haggart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9 year 1948 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Nov 12 1947 to Dec 4 1947, that I last saw her alive on Dec 4 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Periculous Aneurysm ?

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ 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 E. M. Russell (M. D. or other) _____

Address Union Star Mo. Date signed 1-12-48

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 *R. G. Tappert*
Licensed Embalmer No. 2563
P. O. Address KiJG City 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.