

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42525

State File No. _____

FILED JAN 18 1949

Registration District No. 174

Primary Registration District No. 5644

Registrar's No. 72

1. PLACE OF DEATH:
(a) County LAFAYETTE
(b) City or town WELLINGTON
(If outside city or town limits, write "RURAL" and name of township)
RURAL
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____
In this community MOST OF LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME IVAH LEE SEMLER
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EDWARD H. SEMLER 6. (c) Age of husband or wife if alive not known years
7. Birth date of deceased 15 1884 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 11 If less than one day hr. _____ min. _____

9. Birthplace: WELLINGTON MO. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name JOHN McFADDIN

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

14. Maiden name ANITA THOMPSON

15. Birthplace BARTON CO. MO. (City, town, or county) (State or foreign country)

16. (a) Informant EDWARD H. SEMLER

(b) Address WELLINGTON, MO

17. (c) SURIAL (b) Date thereof 11/29/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WELLINGTON, MO

18. (a) Signature of funeral director FORREST F. TENNIEL

(b) Address WELLINGTON, MO

19. (a) 12/27/48 (b) Missouri (Data received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LAFAYETTE
(c) City or town WELLINGTON (If outside city or town limits, write "RURAL")
(d) Street No. RURAL (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 26 year 1948 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 13 March 1945 to 26 NOV 48 1948;
that I last saw her alive on 26 NOV 48 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus + Ischemic Nephritis with uremia
Due to _____

Due to _____

Other conditions Cerebral aneurysm (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 61

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 Edward (M. D. or other) MD
Address Wellington Mo Date signed 11/27/48

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

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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 *[Signature]*

Licensed Embalmer No. 2983

P. O. Address *[Address]*

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.