

0. 2
3-43
7-39
X37823

FILED JAN 10 1950

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40513

Registration District No. 60

Primary Registration District No. 4106

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Jerico
(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 1
In this community about 37 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Viola M. Pahlman

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

4. Sex F / 5. Color or race w 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased. August 4 1865
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 2 If less than one day..... hr. min.

9. Birthplace. Anderson Ind
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired

11. Industry or business. housewife

12. Name Newton P. King
13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Burton
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant C. M. Pahlman
(b) Address Jerico Osage Mo

17. (a) burial (b) Date thereof 10-8-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation anna edna cen

18. (a) Signature of funeral director N. P. Long
(b) Address Jerico Osage Mo

19. (a) Oct 12 1949 (b) Mrs. Velma E. Ellis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage
(c) City or town Jerico Osage
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 in year 1949 hour 9 minute 04 M.

21. I hereby certify that I attended the deceased from Sept 1st 1949 to Oct 6 1949
that I last saw her alive on Oct 6 and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage
Due to Hypertension

Due to.....
Other conditions (Include pregnancy within 3 months of death) 3-31 X

Major findings: Of operations.....
Of autopsy.....
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) (c) Means of injury D

23. Signature J. B. Bannister (M. D. or other) D
Address Jerico Spring Mo Date signed Oct 7 1949

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

RECEIVED

District Health Officer No.

District File Number 12-47-12

Date Filed 1-9-30

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 Mr. P. Long

Licensed Embalmer No. 3714

P. O. Address Jurico Spg, Va

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.