

REC'D JAN 6 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43834
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau 2 Registration District No. 57
(b) Township Walsar Primary Registration District No. 5769 Registered No. _____
(c) City 1 (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 524 Kathrine Unglaub St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Unglaub

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 - 1878

7. AGE YEARS 60 MONTHS 2 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co Mo

FATHER 13. NAME Alonzo Batley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Knott

MOTHER 15. MAIDEN NAME Kathrine Forst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Knott

17. INFORMANT Veala Unglaub (ADDRESS) California mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moniteau Evangelical ch DATE 12/4 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hellenius & Freidung California mo

20. FILED 12-6 1938 H. P. Pope Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 1938 Dec. 2, 1938
I last saw her alive on Dec. 2, 1938. Death is said to have occurred on the date stated above, at 11:30 am.

The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia

Date of onset 11/14/38

Other contributory causes of importance: 1076

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) K. G. Raymond, D. O.
California, Mo.
504 (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. 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, above space should be left blank.