

50 AUG 11 1939

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

26594
Do not use this space.

1. PLACE OF DEATH

(a) County Putnam Registration District No. 718
(b) Township Primary Registration District No. 6430 Registered No. 25
(c) City Unionville (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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. 500 Sophie C. Behm St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jake Behm		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10 - 1870		
7. AGE 63	YEARS 11	MONTHS 0
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. Housework
10. Date deceased last worked at this occupation (month and year) June 1939		11. Total time (years) spent in this occupation 32
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dubuque Co Iowa		
FATHER	13. NAME Sophus Meyer	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Copenhagen Denmark	
MOTHER	15. MAIDEN NAME Anna Meyer	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dubuque Co Iowa	
17. INFORMANT (ADDRESS) Gilbert Gehlen Unionville Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE July 11 39		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Counsellor Munc Unionville Mo		
20. FILED July 11, 1939 W. W. Gehlen Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1939

22. I HEREBY CERTIFY, that I attended deceased from July 7, 1939, to July 10, 1939. I last saw her alive on July 7, 1939. Death is said to have occurred on the date stated above, at 3:00 a.m. The principal cause of death and related causes of importance were as follows:
Mitral regurgitation Date of onset 920

Other contributory causes of importance
Aortic Aneurysm

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? NO
If so, specify..... (Signed) J. H. Haberman M. D.
645 (Address) Unionville, Mo.

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.

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RECEIVED

District Health Officer No. 10

District File Number 8-39-1376

Date Filed AUG 4 1939

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,

J N Comstock

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

J N Comstock

Licensed Embalmer No.

3891

P. O. Address

Unionville 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, above space should be left blank.