

FILED MAR 11 1940

Registration District No. **720**

Primary Registration District No. **5574**

Registrar's No. **20**

50

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

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Blackwell Valle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11111 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1111 (Specify whether
In this community 42 44 Years years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Blackwell, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. 11111 (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Rosette Villmer.

3. (b) If veteran, name war 11111 3. (c) Social Security No. 111

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thomas Villmer 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Feb. 15 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 0 Days 5 If less than one day hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business 11111

12. Name Christopher Hopkins

13. Birthplace 11111 Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Pollyann Duncan

15. Birthplace 11111 Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Villmer
(b) Address Blackwell Mo

17. (a) burial (b) Date there Feb. 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery, Blackwell

18. (a) Signature of funeral director Lee Mothershead
(b) Address Desoto, Mo. 381

19. (a) 3-4-40 (b) Jeneva Darnell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1940 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 137 to Feb. 20 1940
that I last saw her alive on Feb. 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Endocarditis
Strep Penicillinae Septicemia

Due to mitral stenosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92 W.

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? no

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul V. McPherson (M. D. or cert.) 1
Address Edgemoor, Desoto, Mo. Date signed 2/22/40

Duration

1 year

6 months

17 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

J. E. Molhuishead

Licensed Embalmer No. 3531

P. O. Address Great Omo

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.