S. No. 2
—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 7143

Registration District No. 462C  Primary Registration District No. 562C  Registrar's No. 8

**1. PLACE OF DEATH:**
(a) County Lafayette
(b) City or town Wellington (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 55 years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Lafayette
(c) City or town Wellington (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years

3. (a) PRINT FULL NAME MARGARET HOTMER
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bernard
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Jan (Month) 1 (Day) 1854 (Year)

8. AGE: Years 86 | Months 1 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Augusta (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Work
11. Industry or business None
MOTHER FATHER
12. Name Jacob Reinhart
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Drum
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Otto F. Hotmer
(b) Address Wellington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington Mo Catholic Cem
18. (a) Signature of funeral director R. A. Ewen
(b) Address Wellington, Mo.
19. (a) ..... (Date received local registrar) (b) F. W. Mann (Registrar's signature) Feb 26

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 25 year 1940 hour 9 AM minute P M.
21. I hereby certify that I attended the deceased from July 20th, 1940 to Feb 25, 1940 that I last saw h. alive on Feby 25 1940; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Bronchial Pneumonia | 4 days |
| Due to Influenza | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature F. W. Mann (M. D. or other)
Address Wellington Mo Date signed Feb 26/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/8/40

## 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 D Roy Ewen

Licensed Embalmer No. 3070

P. O. Address Wellington Me

**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.**