

FILED JUL 15 1940

Registration District No. 227

Primary Registration District No. 4135

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Rural - Pilot Grove Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 64 yrs
years, months or days) ELI

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Rural - Pilot Grove Twp
4 mi. north (If outside city or town limits, write "RURAL")
(d) Street No. near Pilot Grove, Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1940 hour 1 minute 55 A. M.

21. I hereby certify that I attended the deceased from
6-15, 1940, to 6-7, 1940;
that I last saw her alive on 6-6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 9 mo

Due to Arteriosclerosis & Hypertension
Due to Hypertrophy, Myocardia

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
20
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. P. Boley (M. D. or other) ✓
Address Pilot Grove, Mo Date signed 6-7-40

3. (a) PRINT FULL NAME FAULINE-ELIZABETH-LAMMERS,

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 Clement Lammers 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept-16-1875
(Month) (Day) (Year)

8. AGE: 64 Years 8 Months 21 Days If less than one day hr. min.

9. Birthplace Pilot Grove Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter Bahm

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Sophia Lammers
(b) address Pilot Grove, Mo

17. (a) Pilot Grove, Mo (b) Date thereof 6-10-1940
(City, town, or county) (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph Cemetery

18. (a) Signature of funeral director J. P. Boley
(b) Address Pilot Grove, Mo

19. (a) 6-8-1940 (b) Mrs. E. B. McCutcheon
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 8,
Product File Number
Date Filed 7-9-40

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 W. J. J. J.

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

Signed Peyton E. Hay
Licensed Embalmer No. 3074
P. O. Address Pilot Grove

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.