

FILED AUG 10 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28206

Do not use this space.

1. PLACE OF DEATH

(a) County Carter Registration District No. 2, 143  
 (b) Township Van Buren, Mo. Primary Registration District No. 2205  
 (c) City Van Buren (d) Street No. 0 St.   
 (e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Van Buren, Mo. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1870

7. AGE YEARS 70 MONTHS 5 DAYS 21 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) Baden, Mo.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

17. INFORMANT (ADDRESS) Paul Anderson  
Van Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Louis, Mo  
 PLACE Calvary Cem. DATE July 17, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gray - Levekel  
Van Buren

20. FILED 7-16-1940 J. M. Cotton  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1939, to July 15, 1940

I last saw her alive on July 12, 1940 Death is said to have occurred on the date stated above, at 1:42 p.m.  
 The principal cause of death and related causes of importance were as follows:

pulmonary edema  
Myocarditis About 1882

Other contributory causes of importance:  
Angina Pectoris ± 1935  
Endocarditis ± 1882  
Myocarditis ± 1882

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 Thelma Cotton Buchholz, D.  
 (Signed) Thelma Cotton Buchholz, D.  
 (Address) Van Buren, Mo.

**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. Allen Lewis Jr.*

Licensed Embalmer No. *4053*

P.O. Address *Van Buren*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**