

FILED JAN 13 1941
Registration District No. 175

Primary Registration District No. 5246

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Hamden, Bee Branch Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Mary Adaline Lodder

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Rudolph 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 6 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Basenbreek Germany
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Welpp

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

14. Maiden name unknown

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

16. (a) Informant's own signature J. H. Narmann

(b) Address Hamden Mo

17. (a) Burial (b) Date thereof Dec 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Killiard

18. (a) Signature of funeral director James M. Laughlin

(b) Address Mareeline Mo

19. (a) Dec 22, 1940 (b) J. H. Narmann
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barren

(c) City or town Mareeline
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. 75 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1940 hour 7 minute 45 P.

21. I hereby certify that I attended the deceased from Oct 12
1939 to Dec 21 1940

that I last saw him alive on Dec 19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix uteri

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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

23. Signature J. L. Adams (M. D. or other) MD

Address Salisbury Mo Date signed 11-2-41

Duration

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

RECEIVED
District Health Officer No. 8,
District No. 17-9-1
Date Filed

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 Blanche Manglier
Licensed Embalmer No. 19109
P. O. Address Marceline M

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.