DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28021

Registration District No. 185 Primary Registration District No. 5259 Registrar's No.

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Linden Township
(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 60 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian 022

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Josephine Wimmer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 3 (Day) 1863 (Year)

8. AGE: Years 78 Months Days If less than one day hr. min.

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

10. Usual occupation Home Keeper

11. Industry or business

FATHER
12. Name Dick Cates
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Josephine Murray
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant's own signature Tom Wimmer
(b) Address Ozark Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof July 20 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Linden Cemetery

18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark, Mo.

19. (a) 8-9-41 (Date received local registrar) (b) Josephine Merritt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1941 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Jan 15, 1936, to July 19, 1941
that I last saw her alive on July 6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis with valvular lesions — Duration four yrs

Due to Chronic arthritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92c

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 R. R. Farthing (M. D. or other)
Address Ozark Mo Date signed 8-7-41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 6,
District File Number 941-1480
Date Filed SEP 10 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.