

No. 51

FILED APR 20 1942

Registration District No. 33

Primary Registration District No. 6024B

Registrar's No. 1

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Wortham
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Remedy
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 94
(c) City or town _____ (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tremella Louisa

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Joseph H. Age of husband or wife if _____

7. Birth date of deceased: Feb 11 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace: Shelby Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Harve Hughes

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

14. Maiden name Sarah

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

16. (a) Informant Joseph H. Hayer

(b) Address Wortham, Mo.

17. (a) Burial (b) Date thereof 3-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck, Mo.

18. (a) Signature of funeral director Baldwell
(b) Address Flat River Mo.

19. (a) 3-20-42 (b) Byrdie S. Buhmester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20
year 42 hour 6 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from July 1941 to March 1942
that I last saw him alive on March 10
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma gall bladder
Due to _____
46 f

Other conditions arteriosclerosis gen. - dis. int. capill.
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy none

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? _____

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

23. Signature J. H. Hayer (M. D. or other) _____
Address Wortham Mo. Date signed 3-20-42

Duration

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 442 - 409

Date Filed 4-9-42

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 118 47

Registration District No. 33

Primary Registration District No. 60245

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Francis

(b) City or town Rural
(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 Arenella P. Hayes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Feb - 11 - 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days _____ If less than one day _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 3-20-42 (b) Byrdie Bukhmaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francis

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of gall bladder

Due to _____

Due to arteriosclerosis gen'l
chr nephritis

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

Major findings:
Of operations _____

Of autopsy _____

Duration 24hr

467

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

23. Signature _____ (M. D. or other) _____
Address _____ Date signed mo

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

SUPPLEMENTARY

11847