

FILED MAY 11 1942
1964

Registration District No.

Primary Registration District No. 5759A

Registrar's No.

66000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eugene rural Jun Hamer
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MT. St. Rose Sanitarium ?
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 6 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller Co

(c) City or town Eugene Rural
(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

3. (a) PRINT FULL NAME. Clemence Limbach

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

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

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

7. Birth date of deceased April 20 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	38		12	hr. min.

9. Birthplace Eugene, Mo. rural Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Max Limbach U

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

14. Maiden name Mary Subyman

15. Birthplace Hanover Germany U
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Limbach

(b) Address Eugene, Mo. Rural Rt

17. (a) Burial (b) Date thereof 5-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marys Home

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

19. (a) 5/3/42 (b) H. C. Wright
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1942 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 30 1942 to May 2 1942

that I last saw him alive on May 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Amyloidosis with Hydrothorax + Peritonium 6 months

Due to Tuberculosis Spondylitis of 3rd 4th and 5th Lumbar Vertebra 5 yrs

Due to

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

Major findings: Of operations 16

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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature M. C. Humphreys (M. D. or other D.O.)
Address Tuscumbia, Mo. Date signed 5-3-42

Duration

6 months

5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
Miller County Health Dep't
County File Number. 42-40
Date Filed 5/8/42

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.....

Louis D. Phelps, Registered Apprentice No.....
working under my personal supervision.

Signed Louis D. Phelps
Licensed Embalmer No. 3663
P. O. Address Bedou

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.