

FILED MAY 20 1942

Registration District No. 268

Primary Registration District No. 2032

Registrar's No. 134

664

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

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Sedalia, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bohannan Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One hour.  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Stephen Chmelir

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Morritz Chmelir

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: Feb. 6 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>1</u>	<u>25</u>	hr. min.

9. Birthplace Cole Camp, Mo. Benton Co.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Joe Chmelir

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

14. Maiden name Unknown

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

16. (a) Informant Son - Leonard Chmelir

(b) Address Cole Camp, Mo.

17. (a) Burial (b) Date thereof 4-4-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director W. E. Eickhoff

(b) Address Cole Camp, Mo.

19. (a) 4/1/42 (b) Melba Berger  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Cole Camp, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st  
year \_\_\_\_\_ hour 11:30 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Feb 15  
1942 to April 1 1942  
that I last saw him alive on April 1st 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Shock - while tapping pleural cavity for empyema.

Due to Pneumonia which started 2 weeks ago.

Due to Pneumonia unresolved. Probably tuberculosis.

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations: 138

Of autopsy: \_\_\_\_\_

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 0

23. Signature J. D. Bennett (M. D. or other) M.D.  
Address Cole Camp, Mo. Date signed 4-1-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-19-42

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.....

*B L Eickhoff*

Licensed Embalmer No. ....

*130*

P. O. Address.....

*Cole Camp, Md*

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.