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S. No. 2  
11-10-39  
5-17-39  
I-X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILL AUG 11 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 668

Primary Registration District No. 5892

Registrar's No. 255

1. PLACE OF DEATH: *Pettis*

(a) County: *Pettis*

(b) City or town: *Smithton Mo*  
(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 years, months or days)

In this community: *Six months*  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Missouri* (b) County: *Pettis*

(c) City or town: *Rural*  
(If outside city or town limits, write "RURAL")

(d) Street No.: *1 mile west of Smithton*  
(If rural, give location)

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

8. (a) PRINT FULL NAME: *Bettie Klein*

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *14* year *1942* hour *10* minute *0* M.

21. I hereby certify that I attended the deceased from *July 14* to *July 15*, 19*42* and that death occurred on the date and hour stated above.

4. Sex: *Female*

5. Color or race: *white*

6. (a) Name of husband or wife: *August*

6. (b) Name of husband or wife: *August*

6. (c) Age of husband or wife if alive: *68* years

7. Birth date of deceased: *April 6 - 1883*  
(Month) (Day) (Year)

Immediate cause of death: *Malignant tumor of Brain*

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death): *54b*

8. AGE: Years *59* Months *3* Days *8* If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: *Housewife*

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name: *Fritz Fickbe*

13. Birthplace: *Bermering*  
(City, town, or county) (State or foreign country)

14. Maiden name: *Rosa Jesse*

15. Birthplace: *Bermering*  
(City, town, or county) (State or foreign country)

16. (a) Informant: *August Klein*

(b) Address: *Smithton Mo*

17. (a) *Burial* (b) Date thereof: *7-16-42*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *Smithton Cem*

18. (a) Signature of funeral director: *A. F. Neunyer*

(b) Address: *Smithton Mo*

19. (a) *7-18-42* (b) *Mrs Anna Buser*  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

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? \_\_\_\_\_

While at work: *SS Halzen* (Specify type of work) (Means of injury)

23. Signature: *SS Halzen* (M. D. or other)

Address: *Smithton Mo* Date signed: *7/15/42*

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

80  
00

80  
00

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 8-7-42

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**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

*A. F. Nimmer*

Licensed Embalmer No. 3912

P. O. Address

*Amherst Mo*

**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.**