

37299

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 11 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 408

Primary Registration District No. 3028

Registrar's No. 230

1. PLACE OF DEATH:  
4(a) County Jasper  
(b) City or town Carthage  
(c) Name of hospital or institution M-Cune Brooks Hospital  
(d) Length of stay: In hospital or institution 3 weeks  
In this community 26 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Barton  
(c) City or town Golden City  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. 1 year

3. (a) PRINT FULL NAME MATILDA MARIE KOLTERMAN  
(b) If veteran, name-war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov 6th day Nov year 1942 hour 10 minute 26 P. M.

4. Sex Female  
5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
7. Birth date of deceased March 3 1868

21. I hereby certify that I attended the deceased from Oct 8 1942 to Nov - 6 1942  
that I last saw her alive on Nov 6 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Bilateral Hypostatic Pneumonia

8. AGE: Years 74 Months 8 Days 3

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

9. Birthplace Omega Kansas

Other conditions Myocardial insufficiency  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Semblity  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
12. Name John Zabel  
13. Birthplace Germany  
14. Maiden name Marie Kolterman  
15. Birthplace Germany

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
9322

16. (a) Informant's own signature  
(b) Address Golden City Mo

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Nov 9 1942  
(c) Place: burial or cremation Phillips Funeral Home

(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director  
(b) Address Golden City, Mo.

While at work \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

19. (a) Nov 10, 1942 (b) Elizabeth Cooper  
(Date received local registrar) (Registrar's signature)

23. Signature Lloyd B Clinton (M. D. or other)  
Address Carthage, Mo. Date signed 11/10/42

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

MARGIN RESERVED FOR BINDING  
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.

50M-517-39  
Rev. 5-17-39  
1 x 3 1/2

**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..... *H. H. Pugh* .....

Licensed Embalmer No. *3278* .....

P. O. Address *Golden City 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.**