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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 16 1942 11 79

Registration District No. _____

Primary Registration District No. 41-28-5306 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Centertown, Mo., Marion
(If outside city or town limits, write "RURAL," and name of Township)

(c) Name of hospital or institution:
Centertown, Mo. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 9 Weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

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

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

3. (a) PRINT FULL NAME Mary Elizabeth Burger

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 23
If less than one day hr. _____ min.

9. Birthplace Moniteau Co.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER

12. Name Fredrich Haldiman

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

14. Maiden name Elizabeth Gfiffer

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

16. (a) Informant Ross Haldiman

(b) Address Centertown, Mo.

17. (a) Burial (b) Date thereof Oct. 30. 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Cent
Jamestown, Mo.

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) Nov 4 / 42 (b) J. J. Withers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1942 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept. 1 1942 to Oct 28 1942
that I last saw h. in alive on Oct. 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Shock and anemia

Due to Old age & lack of ability to use nutrition

Due to _____

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

Major findings: Of operations none

Of autopsy none done

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. T. Gillie (Name or other) D.O.

Address Centertown, Mo. Date signed 11-30-42

Duration

2 days

2 mtd.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26
00

26
0

0

0

Duration

2 days

2 mtd.

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 17 1949

EX 1-4

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 Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California, Inc

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. 2054x
Registrar's No. _____

Registration District No. 79

Primary Registration District No. 5306

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Centertown
(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 9 mos years, months or days)

3. (a) PRINT FULL NAME Mary E. Burger

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 md

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

7. Birth date of deceased May 5 - 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Friedrich Waldman

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

14. Maiden name Elizabeth Giffen

15. Birthplace Mo (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) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 25
year 1942 hour _____ minute _____ M.

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

(Immediate cause of death) Shock + anemia
Due to old age + like of ability to use nutrition
Due to _____

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

Major findings: Of operations _____

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)
(b) 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. T. Gillin (M.D. or other) DO
Address Centertown, Mo. Date signed 2/9/43

Duration

3 da

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

