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5-17-39  
P-1 X32873

14703

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

ED APR 30 1943  
Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County Laurence  
(b) City or town Warren  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
117 East St Louis 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 7 yr years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laurence  
(c) City or town Warren Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 117 East St Louis,  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EMMA HYASS

3. (b) If veteran, name war none 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Ernest Hyass 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 21 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 1 23 hr. \_\_\_\_\_ min.

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

10. Usual occupation Horsewife

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

MOTHER, FATHER { 12. Name Anton Walker  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Genevieve Bornemuegen  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr R. J. Hyass

(b) Address Mount MO

17. (a) removal (b) Date thereof 3/16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary ch

18. (a) Signature of funeral director Robert L. Marshall  
(b) Address Warren Mo

19. (a) 3-15-1943 (b) Cornelia Greenberg  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th  
year 1943 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 23, 1943, to March 14th, 1943.  
that I last saw her alive on March 14th, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Cancer  
Duration 1 yr.

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

Other conditions Chronic Myocarditis Kidney  
(Include pregnancy within 3 months of death)  
Coronary Thrombosis 12/2/42

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 938  
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? \_\_\_\_\_

23. Signature Samuel S. Kelsey (M. D. or other) MD.

Address 165 East St Louis Date signed 3/15/43

RECEIVED

District Health Officer No. 6,

District File Number 443-480-

Date Filed 4/27-43.

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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.....

*Muse*  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
*Osborne L. Marsh*

Licensed Embalmer No. 3812

P. O. Address.....  
*Arrow 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, fact should be so stated above.