

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18629

State File No. _____

Registrar's No. _____

FILED JUN 7 1943
Registration District No. _____

Primary Registration District No. 5918

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural - Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mile south of Farrar, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) less than 1 day

3. (a) PRINT FULL NAME Died Unnamed

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 21st 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
No No No No hr. 20 min.

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

10. Usual occupation None

11. Industry or business None

12. Name Walter Edmund Verseman

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

14. Maiden name Esther Katherine Lorenz

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

16. (a) Informant Walter E. Verseman

(b) Address Farrar, Mo.

17. (a) Burial (b) Date thereof May 21st 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farrar Lutheran Cemetery

18. (a) Signature of funeral director None

(b) Address _____

19. (a) May 21 1943 (b) Thor J. Elks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 21st
year 1943 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 21st 1943 to May 21st 1943
that I last saw her alive on May 21st 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity - 5 months plus gestation

Due to Placenta Praevia

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____

23. Signature Theodore Fischer (M. D. or other) M.D.

Address St. Louis, Mo. Date signed 5-21-43

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 4
District File Number 643-2256
Date Filed 6-4-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.