

FILED AUG 25 1943

318 175

Primary Registration District No. 3036

State File No. 28837

Registrar's No. 98

1. PLACE OF DEATH: ~~XXXXXX~~ Lawrence
(a) County: Aurora
(b) City or town: Aurora
(c) Name of hospital or institution: Aurora Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME: Mrs. Martha Netzer
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: Married
6. (b) Name of husband or wife: Joe Netzer
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October 1 1874 (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER
12. Name: Peter Didion
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Joseph P. Netzer

(b) Address: Billings, Mo.

17. (a) Burial (b) Date thereof: July 15, 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Billings, Mo.

18. (a) Signature of funeral director: H.H. Lohmeyer

(b) Address: Springfield, Mo.

19. (a) July 15, 43 (b) Eunice Kress (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 2.9
(a) State: Missouri (b) County: Christian 0
(c) City or town: Billings (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 July day 12 year 1943 hour 6 minute 45 p.m.

21. I hereby certify that I attended the deceased from Jan. 27, 1943, 19 to July 12, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of descending colon

Due to: Pernicious Anemia

Due to:

Other conditions: (Include pregnancy within 3 months of death) 462

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:

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: 2

23. Signature: P.W. Marshall (M. D. or other) D.P.

Address: Billings, Mo. Date signed: July 14, 43

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

RECEIVED

District Health Officer No. 8,

District File Number 843-909

Date Filed 4/20/33

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 Walter E Hameller

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.