

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 13 1943

Registration District No. 1943 4

Primary Registration District No. 5-9-3-64408 Registrar's No. 292

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 15 years (Specify whether

In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME LOUISA MARGARET BAIL

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 widowed

6. (b) Name of husband or wife Thomas Bail 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased July 5-1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Bonerville Cooper mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Retired nurse

12. Name John Hall
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Grace Hyatt

(b) Address Smithton mo

17. (a) Burial (b) Date thereof 9-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonerville mo

18. (a) Signature of funeral director R. F. Hammer

(b) Address Smithton mo

19. (a) 9-4-43 (b) Mrs Anna Teyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Smithton
(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 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3
year 1943 hour 11 minute 1 a. m.

21. I hereby certify that I attended the deceased from 7-4-43 to 9-3-43
that I last saw him alive on 9-2-43
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Senility

Due to Senility

Due to 930

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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?

While at work? (Specify type of place) (Means of injury)

23. Signature R. F. Hammer (M.D. number) 9/4
Address Smithton mo Date signed 9/4

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-12-43

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

A. F. Neumeyer

Licensed Embalmer No.

3912

P. O. Address

Smithton 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.