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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30169

Registrar's No. 338

Registration District No. 274

Primary Registration District No. 3053

1. PLACE OF DEATH: PETTIS
 (a) County PETTIS
 (b) City or town SEDALIA
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1404 E. 4th ST.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County PETTIS
 (c) City or town SEDALIA
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1404 E. 4th ST.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ANNA MARIE AMBORN

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 6-1-1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>4</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation NONE

11. Industry or business _____

12. Name KARL AMBORN

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

14. Maiden name LOUISE AVR

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

16. (a) Informant MRS E. A. BLUE

(b) Address SEDALIA

17. (a) BURIAL (b) Date thereof 11-1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA

19. (a) 11/1/43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 29th
year 1943 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from Dec 1, 1942 to Oct 29, 1943
that I last saw him alive on Oct 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carbosis of Liver Duration 2 yrs

Due to _____

Due to _____

Other conditions Chr. Bright Disease
(Include pregnancy within 3 months of death)

Major findings: 12481
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) Means of injury _____

23. Signature W. Berger (M.D. or other) M.D.

Address Sedalia Mo Date signed 11-1-43

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

REC FILED 11-6-43

NOV 9 1943

NOV 31 1943

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 L. E. Boullelin

Licensed Embalmer No. 3867

P. O. Address Sedalia, 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.