

No. 2
1-2-43
5-17-39
X35997

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21911

State File No. _____

Registrar's No. 92

Registration District No. 353

Primary Registration District No. 5453

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 115 days
(Specify whether years, months or days)

In this community 115 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 714 Lyons
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gladys Lorene Behmyer

3. (b) If veteran, name war No

3. (c) Social Security No. Now known

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 March 17 1901
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1944 hour 3 minute 10 A M.

21. I hereby certify that I attended the deceased from Feb 23 1944 to June 16 1944
that I last saw her alive on June 15 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 3 Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Carcinomatosis
Duration Unknown

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

10. Usual occupation Stenographer

Due to _____

Due to _____

Other conditions Pulmonary Tuberculosis Abt. 10 yrs
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Edgar Ulysses Behmyer

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

14. Maiden name Wynona Wilson

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo

17. (a) BURIAL (b) Date thereof 6-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Lamar, Mo

18. (a) Signature of funeral director Konantz Funeral Home

(b) Address Lamar, Missouri

19. (a) 6/22/44 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury.

23. Signature Y. Frykawa (M. D. or other) md

Address Mt. Vernon, Missouri Date signed 6-16-44

1238

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 744-708
Date Filed JUL 11 1944

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 Carl J. Couantz
Licensed Embalmer No. 2249
P. O. Address Hamat, Mich.

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.

21911