

S. No. 2
FORM-2-43
5-17-39
X35697

34053

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 238

FILED OCT 28 1944

Registration District No. 1 Primary Registration District No. 3016

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution 411-W-Miller 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 78 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(d) Street No. 411-W-Miller 5
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amelia Sedonia Hertel

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

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Jan. 12 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business at home

12. Name Frederick Miller

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

14. Maiden name Kathryn

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

16. (a) Informant Mrs. Wm. Walker
(b) Address 411-W-Miller

17. (a) Burial (b) Date thereof Oct 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pyramion
(d) Signature of funeral director James Swiss
(e) Address 702 Jefferson
(f) 10-28-44 (g) (Theresa) Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 25
year 1944 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Oct 21 1944, to Oct 25 1944, that I last saw her alive on Oct 24 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia terminal Duration 5 days

Due to Sensibility 1 yr

Due to Hypertension 10 yrs

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

107
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)
(e) Means of injury _____

23. Signature James A. Heltgen (M. D. or other)
Address Jefferson City Mo Date signed 10-27-44

Duration
Immediate cause of death
Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

105
128/44

894

OCT 28 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 *R. H. Anderson*.....

Licensed Embalmer No. *3641*.....

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.