

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41947
Registrar's No. 87

FILED JAN 15 1945
Registration District No. 194591

Primary Registration District No. 4433

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

1. PLACE OF DEATH:

(a) County Putnam

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

(c) Name of hospital or institution:
City of Unionville
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Putnam, life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Putnam

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Pauline Torrey

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex F. | 5. Color or race W.

6. (a) Single, widowed, married, divorced. W. 2

6. (b) Name of husband or wife. Samuel S. Torrey

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

7. Birth date of deceased July 25 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 10 If less than one day
hr. _____ min.

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

10. Usual occupation Home Work

11. Industry or business _____

MOTHER FATHER { 12. Name Adam Gehm

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

14. Maiden name Katharina
(City, town, or county) (State or foreign country)

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

16. (a) Informant Emma Short

(b) Address Unionville MO

17. (a) Burial (b) Date thereof 12-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville MO

18. (a) Signature of funeral director [Signature]
(b) Address Unionville MO
(c) Date received local registrar [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 5 day _____
year 1944 hour 5 minute 19 M.

21. I hereby certify that I attended the deceased from Nov 8, 44
Dec 5, 44 to Dec 5 1944
that I last saw her alive on Dec 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to mitral regurgitation

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

Major findings: 92
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)
(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Unionville MO Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 1C

District File Number 1-45-141

Date Filed JAN 12 1945

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.....

F. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville

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.