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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 133

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3022

State File No. 6213

Registrar's No. 149

1. PLACE OF DEATH:

(a) County HARRISON

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

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

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

In this community years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON

(c) City or town BETHANY (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 Louis STAFFORD OMER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BERTHA

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 12 (Month) 17 (Day) 1873 (Year)

8. AGE: Years 71 Months 0 Days 25 If less than one day hr. min.

9. Birthplace CAMP POINT (City, town, or county) ILL. (State or foreign country)

10. Usual occupation OWNER GROCERY STORE

11. Industry or business

FATHER

12. Name JAMES T. OMER

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

MOTHER

14. Maiden name MARY JANE SERTON

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

16. (a) Informant Birtha Omer

(b) Address Bethany, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/14/45 (Month) (Day) (Year)

(c) Place: burial or cremation MIRIAM CEMETERY

18. (a) Signature of funeral director S. M. Hass

(b) Address Bethany, Mo.

19. (a) Jan. 13-1945 (Date received local registrar) (b) John M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 12 year 1945 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Jan 3rd 1945, to Jan 12 1945, that I last saw him alive on Jan 11 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage apoplexy	
Due to: Arteriosclerosis	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: None
Of autopsy:

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? (Specify type of place)

While at work (e) Means of injury

23. Signature D. L. Reid D.O. (M. D. or other)

Address Bethany Mo. Date signed 1-13-45

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(Licensed Embalmer's Statement on Reverse Side)

JUN 10 1958

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 Thornton H. Haas

Licensed Embalmer No. 2861

P. O. Address Bethany, 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.