

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12745

FILED MAY 2 1945

Primary Registration District No. 3004

Registrar's No. 20

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

1. PLACE OF DEATH: Barton

(a) County: Barton

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

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

(d) Length of stay: In hospital or institution: 1 month  
(Specify whether years, months or days)

In this community: \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Crawford 999

(c) City or town: Pittsburg  
(If outside city or town limits, write "RURAL") 14

(d) Street No.: 708 West Kansas  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: RUBY GANET MAIER

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No.: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 2nd  
year: 1945 hour: 11 minute: 30 P. M.

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Anthony Maier 6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: October 3 1897  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1 1945 to March 2 1945

that I last saw him alive on March 1 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: *Leucemia uteri* Duration: 3 m.

8. AGE: Years: 47 Months: 3 Days: 29 If less than one day: \_\_\_\_\_  
hr. min.

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

9. Birthplace: Barton County, Missouri  
(City, town, or county) (State or foreign country)

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation: Housewife

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

11. Industry or business: \_\_\_\_\_

MOTHER FATHER

12. Name: Clarence Wilson

13. Birthplace: Barton County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name: Effie Neas

15. Birthplace: Greenville, Tennessee  
(City, town, or county) (State or foreign country)

PHYSICIAN: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant: Adolph Maier

(b) Address: Pittsburg, Kans. 708 W. Kansas

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): \_\_\_\_\_

(b) Date of occurrence: \_\_\_\_\_

17. (a) Burial (b) Date thereof: March 6 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lake Cemetery

(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? \_\_\_\_\_

18. (a) Signature of funeral director: \_\_\_\_\_  
(Specify type of place)

(b) Address: Lamar, Missouri

While at work? \_\_\_\_\_ (c) Means of injury: \_\_\_\_\_  
(M. D. or other)

19. (a) 3-3-45 (b) Martha River  
(Date received local registrar) (Registrar's signature)

23. Signature: D. Guldner (M. D. or other)  
Address: 1805 Juel Date signed: March 2 1945

1179

RECEIVED

District Health Officer No. 6,

District File Number 445-470

Date Filed APR 20 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.....

*Carl F. Konantz*

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.