

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1945
Registration District No. 58

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13089

State File No. _____

Primary Registration District No. 4088

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Callinsburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 Life years, months or days)

3. (a) PRINT
FULL NAME

URSULA-Betty

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex F 1 5. Color or
race W 6. (a) Single, widowed, married,
divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Dec 15 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 3 29 hr. _____ min.

9. Birthplace Salmonde Del. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Benjamin Green

13. Birthplace 6 9
(City, town, or county) (State or foreign country)

14. Maiden name Green 9

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

16. (a) Informant Mr Roy Bowman

(b) Address Callinsburg Mo

17. (a) Interred (b) Date thereof 4-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkley Cemetery

18. (a) Signature of funeral director Walter A. Jensch

(b) Address Warren, Mo

19. (a) 4/15-45 (b) Ms A G Smith
(Type received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter
(c) City or town Callinsburg
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1945 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from 3-27 1945 4-14 1945
that I last saw her alive on 4-13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of small intestines
Due to _____

Due to Senility

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

Major findings:
Of operations 2/10

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) Means of injury _____

23. Signature Frank J. Pucinski (M.D. or other) D.O.

Address Warren, Mo Date signed 4-15-45

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

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, only 4-14-45

....., Registered Apprentice No.
working under my personal supervision.

Signed

Philip A. Leuchel

Licensed Embalmer No.

2936

P. O. Address

201 Bunker St

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.