. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27174

Registration District No. 81 Primary Registration District No. 5304A Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Rural St. Thomas, Mo. St. Thomas pict
(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
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 21,

(c) City or town Rural St. Thomas, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Elizebeth Groner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Theodore

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

7. Birth date of deceased Feb. 21, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	5	17	hr. min.

9. Birthplace St. Thomas, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Wankum
13. Birthplace St. Thomas, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Marie Bax
15. Birthplace St. Thomas, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Simon Groner
(b) Address St. Thomas, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Thomas Cemetery

18. (a) Signature of funeral director Victor Buescher
(b) Address Jefferson City, Mo.

19. (a) 8/10/45 (Date received local registrar) Dr. Henry C. Wenner By F. A. Buschkamp Deputy
195

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8th
year 1945 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 10th 1944, to Aug. 8th 1945;
that I last saw her alive on Aug 6 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemmorrhage

Due to Hypertension - Chronic Nephritis, Arterio-sclerosis.

Due to

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

Major findings:
Of operations —
Of autopsy —

Duration

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 Henry G. Isenberg (M. D. or other)
Address Meta, Mo. Date signed Aug 10/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 9-6-45

SEP 23 1940

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.