

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27240

FILED AUG 23 1945

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

51

1. PLACE OF DEATH:

(a) County DE KALB
(b) City or town SANTA ROSA - Union Mo
(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 LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME

LYDIA S. ASSEL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased SEPT 1 1876
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

68

10

8

hr. min.

9. Birthplace

SANTA ROSA

(City, town, or county)

MO

(State or foreign country)

10. Usual occupation

HOUSEWIFE

11. Industry or business

12. Name

FRANK SWEIGER

13. Birthplace

OHIO

(State or foreign country)

14. Maiden name

CAROLINE KRAL

15. Birthplace

OHIO

(State or foreign country)

16. (a) Informant

J. J. Assel

(b) Address

Santa Rosa Mo

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

7-11-45
(Month) (Day) (Year)

(c) Place: burial or cremation

HOPKINS CEMETERY

18. (a) Signature

THOMAS FUNERAL HOME

(b) Address

MAYSVILLE MO

19. (a)

7-12-45
(Date received local registrar)

(b) John Clarke
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DE KALB

(c) City or town SANTA ROSA
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1945 hour 12 minute 2 M.

21. I hereby certify that I attended the deceased from Aug 1st 1945 to July 9th 1945.
that I last saw her alive on July 8th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
Originated head & Pancreas
Invaded Liver, Spleen
and Mesentery

Duration

11 mos

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature John Clarke

Address MAYSVILLE MO Date signed 7/12/45

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

1374

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P.O. Address _____

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.