S. No. 2
M—2-43
. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

28249

FILED AUG 18 1945

State File No.

Registration District No. 219

Primary Registration District No. 3056

Registrar's No. 130

**1. PLACE OF DEATH:**

(a) County Randolph

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

(c) Name of hospital or institution: 1224 Concannon
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Randolph 88

(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1224 Concannon 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clara Hellensmith

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 Married

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 26th (Day) 1884 (Year)

8. AGE: Years 60 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Henry Voth
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Minnie Smith
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant William Hellensmith
(b) Address Moberly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 10th (Day) 1945 (Year)
(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) 7-10-45 (Date received local registrar) (b) Irma Kaul (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 8th year 1945 hour 2 minute 45 a.M.

21. I hereby certify that I attended the deceased from Jan 1, 42 19 to July 8 1945, that I last saw her alive on July 7 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Uraemia — Duration: 10 days

Due to: Chronic Parenchymal Interstitial Nephritis ?

Due to

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

Major findings:
Of operations ✓
Of autopsy ✓

131

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 L. O. Nickell M.D. (M.D. or other)
Address Moberly, Mo Date signed 7-9-45

1086

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1989

RECEIVED
District Health Officer No. 10
District File Number 8-45-1281
Date Filed AUG 16 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 Frank B. De Hart

Licensed Embalmer No. 3821

P. O. Address Moberly 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.**