. S. No. 2
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ev. 5-17-39
I X32873

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

State File No. 38853

FILED NOV 16 1945

Registration District No. 2 14 — Primary Registration District No. 45 47 — Registrar's No.

1. PLACE OF DEATH:
(a) County Worth — Grant City
(b) City or town Grant City 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 none (Specify whether)
In this community 70 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Worth
(c) City or town Grant City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME AMMA J. HAUBER
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 Widowed

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

7. Birth date of deceased Dec (Month) 24 (Day) 1869 (Year)

8. AGE: Years 75 | Months 10 | Days 17 | If less than one day hr. min. 0

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER
12. Name Merritt Willsite
13. Birthplace Clay County (City, town, or county) Mo (State or foreign country)
14. Maiden name Emaline Spreadbell
15. Birthplace Worth Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Vance Hauber
(b) Address Grant City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Grant City

18. (a) Signature of funeral director
(b) Address

19. (a) Oct 24, 1945 (Date received local registrar) (b) Leta E. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1945 hour 12 minute 30 AM.

21. I hereby certify that I attended the deceased from 4-1-45, to 11-13-45; that I last saw her alive on Oct 11 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	5 hrs
Due to:	
Due to:	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	10 yrs

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

23. Signature (M.D. or other)
Address Date signed

1-32-F (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 Hayes Andrews

Licensed Embalmer No. 2892

P. O. Address Wood 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.