

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5034

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
607 W. Water St.
(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
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 607 W. Water St.
(If rural, give location)
(e) Citizen of foreign country? 0
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizab eth Henrietta Wallace

3. (b) If veteran, name war no 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 George 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct. 27, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 3 18 hr. min.

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

10. Usual occupation Clothing Worker

11. Industry or business _____

12. Name Johnn Henry Lammers

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

14. Maiden name Sophia Leuthen

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

16. (a) Informant Rose Elizabeth Bybee

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 2/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Plasant Cemetery

18. (a) Signature of funeral director Victor Busscher

(b) Address Jefferson City, Mo.

19. (a) 2-16-46 (b) R. C. Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1946 hour _____ minute 27 M.

21. I hereby certify that I attended the deceased from april 1946 to Feb 14 1946 that last saw her alive on Feb 13 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cervical Lymph
Due to _____
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? _____

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

23. Signature Edw. Lammers (M. D. or other) _____
Address Jefferson City, Mo. Date signed 2-16-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4033

NOV 15 1947

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-26-46

JAN 10 1949

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 Buecher

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.