

FILED MAR 12 1946

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hours
(Specify whether _____)
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon ¹⁰⁸
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Florence Laura Ventellman

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 John C. Ventellman 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased: April 6 1908
(Month) (Day) (Year)

8. AGE: Years 37 Months 10 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Sam J. Fowler
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Anna Hord Fowler
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant John C. Ventellman
(b) Address Selee City, Mo.

17. (a) Burial (b) Date thereof Feb 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mama Cemetery

18. (a) Signature of funeral director Lute Lavin
(b) Address Selee City, Mo.

19. (a) 2-20-46 (b) Waltham Jancy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1946 hour 1 minute 25A M.

21. I hereby certify that I attended the deceased from Feb. 18 1946 to Feb. 19 1946 that I last saw her alive on Feb. 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Probable embolism
Became cyanotic and pulseless shortly after normal confinement

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 1478
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) _____ Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Nevada, Mo. Date signed 2-19-46

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

RECEIVED

E. Officer No. 7,

Number 2-46-201

Date Filed 3-8-46

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

Marion M. Lewis

Licensed Embalmer No.

3084

P. O. Address

Schell 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.