

S. No. 2
A-542
5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9879

State File No.

FILED APR 13 1946

Registration District No.

Primary Registration District No. 5585

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural - Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rt # 1, Carthage /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt # 1, Carthage
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Barbara Ummel
3. (b) If veteran, name war None
3. (c) Social Security No. None

20. DATE OF DEATH: Month March day 23
year 1946 hour 9 minute 30 p.m.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Ben Ummel
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased June 2 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
March 14 1946 to March 22 1946
that I last saw him alive on March 22 1946
and that death occurred on the date and hour stated above

Immediate cause of death Paralysis of throat
from cerebral hemorrhage
Chronic Myocarditis
Duration

8. AGE: Years 82 Months 8 Days 20
If less than one day hr. min.

Due to
Due to

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

Other conditions Cause of Uterus
(Includes pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Christian Reeser
13. Birthplace Unknown France
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Zimmerman
15. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Emma Spencer
(b) Address Reeds Mo.

17. (a) Burial (b) Date thereof 3-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Avilla Cemetery

18. (a) Signature of funeral director Ed C. Ulmer

(b) Address Carthage, Mo.

19. (a) 3-23-46 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

23. Signature A. N. Webster
Address Carthage Mo Date signed March 23 1946

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

6888

46-3-238

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

John S. Pennek

Licensed Embalmer No.....

41940

P. O. Address.....

Carthage 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.