

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14068**

FILED MAY 16 1946

Registration District No. **274**

Primary Registration District No. **4407**

Registrar's No. **124**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **LaMonte**
(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. (Specify whether years, months or days) **40 years**
In this community. **40 years**

3. (a) PRINT FULL NAME **Lena Davis Wimer**

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 **Joseph H. Wimer** 6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **November 18 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 3 hr. min.

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

10. Usual occupation **House Wife**

11. Industry or business

12. Name **Richard Davis**

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

14. Maiden name **Sarah Davis**

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

16. (a) Informant **Joseph Wimer**

(b) Address **LaMonte Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-24-1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **LaMonte Cemetery**

18. (a) Signature of funeral director **Paul M. Moore**

(b) Address **LaMonte Mo.**

19. (a) **4-23-46** (Date received local registrar) (b) **Betty Yeager** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis** **80**
(c) City or town **LaMonte** (If outside city or town limits, write "RURAL") **0**
(d) Street No. (If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21** year **1946** hour **9:00** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 1**, 1946 to **April 21**, 1946 that I last saw her alive on **April 21**, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Uterus** **15 yrs**
Due to **Tabia of Vagina**

Other conditions (Include pregnancy within 3 months of death) **490**

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?

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

23. Signature **P. W. Love** (M. D. or other) **0**
Address **Truob Hester Mo** Date signed **Apr 23**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-14-46

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.....

Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.