

FILED JUN 7 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 206

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(c) Name of hospital or institution: Dr. Alex Ravenswaay Hospital  
(d) Length of stay: In hospital or institution 3 Months  
In this community All of life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Boonville  
(d) Street No. 633 E. High St.  
(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Laura Sombart.

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 W. E. Sombart 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased July 4 1878

8. AGE: Years 67 Months 10 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Boonville, Missouri

10. Usual occupation Housewife.

11. Industry or business At home.

MOTHER FATHER { 12. Name Nicholas Walz.  
13. Birthplace Germany  
14. Maiden name Julia Brenneisen  
15. Birthplace Germany

16. (a) Informant Mr. W. E. Sombart.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof May 10 1946

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Belle

(b) Address Boonville, Mo.

19. (a) May 6, 1946 (b) Clay Morris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
year 1946 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from March 8  
1946 to May 8 1946  
that I last saw him alive on May 8 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myoplexicaemia  
Duration 2 months

Due to Arteriosclerosis

Due to Hypertension

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none

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? \_\_\_\_\_

(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 Clay Morris (M. D. or other) \_\_\_\_\_

Address Boonville, Mo Date signed 5.10.46

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

15021

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-6-46

SEP 29 1949

JUN 23 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 J. H. Goodman

Licensed Embalmer No. 478

P. O. Address Boonville, 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.