No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

231305

State File No.

Registration District No. 88 Primary Registration District No. 451 Registrar's No. 18

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

21980

1. PLACE OF DEATH:

(a) County CRAWFORD

(b) City or town STEELVILLE (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 5 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CRAWFORD

(c) City or town STEELVILLE (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 EMMA LOUISE TRAINER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife JAMES

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased MARCH (Month) 19 (Day) 1886 (Year)

8. AGE: Years 60 Months 3 Days 7 If less than one day hr. min.

9. Birthplace ST LOUIS, (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name FREDRICK VOIGHT 4
13. Birthplace — (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name LILIAN HARTMAN 1
15. Birthplace — (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant JAMES S. TRAINER

(b) Address STEELVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-28-46 (Month) (Day) (Year)

(c) Place: burial or cremation KINDERS CEMETERY

18. (a) Signature of funeral director Thomas S. Halbert

(b) Address Steelville, Mo.

19. (a) 7-10-46 (Date received local registrar) (b) O.R. Gibbs (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1946 hour 5 minute 10 A M.

21. I hereby certify that I attended the deceased from Jan 28 1946 to June 26 1946 that I last saw her alive on June 24 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 50

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. C. Prosser (M. D. or other)

Address Steelville Mo Date 6/25/46

76 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 746423
Date Filed 7-17-46

APR 15 1949

DEC 20 1946

DEC 11 1946

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 Thomas S. Halbert

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.