

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS
FILED JUL 29 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23375**

Registration District No. _____ Primary Registration District No. **3021** Registrar's No. _____

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Wenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Cullers Hoop - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 41 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Grundy
(c) City or town Edinburg
(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 VIOLA METZ THORN BURG
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 23
year 1946 hour 1:15 minute 17 M.

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

21. I hereby certify that I attended the deceased from June 22 1946 to June 23 1946
that I last saw him alive on June 22 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 16 Days _____ If less than one day
hr. _____ min.

Immediate cause of death FRACTURE Right femur Duration 24 hr.

9. Birthplace Quincy Ill
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Due to: Fall at home
Due to: _____

11. Industry or business _____
12. Name Adam Metz 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Knott
15. Birthplace " 9
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Mr. Homer Hooper
(b) Address Edinburg Mo
17. (a) Burial (b) Date thereof 6 25 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 200 Fern Edinburg
18. (a) Signature of funeral director Guyson F. Hooper
(b) Address Wenton MO
19. (a) 6-25-46 (b) Irene Jar
(Date received local registrar) (Registrar's signature)

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? _____ (c) Means of injury _____

23. Signature W. H. Cullers M.D. (M. D. or other)
Address Wenton Mo Date signed 6-28-46

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

ADDITIONAL SUPPLEMENTARY INFORMATION FOR PHYSICIAN

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Wesley H. Bradford*

Licensed Embalmer No. *4370*

P. O. Address *Trenton NJ*

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.