S. No. 2
OM—5-43
v. 5-17-39
I X3667

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Schmidt 32703

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 247

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Noyes Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks (Specify whether
In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 23 Sunset Lane 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RUTH MARCENE KRETZER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Frank Kretzer

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

7. Birth date of deceased 5 - 25 - 1907 (Month) (Day) (Year)

8. AGE: Years 39 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Fairbury (City, town, or county) Nebraska 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Alfred McDaniel
13. Birthplace Atchison County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Addie Agnes Patterson
15. Birthplace Belleville (City, town, or county) Kansas 1 (State or foreign country)

16. (a) Informant Frank Kretzer
(b) Address 23 Sunset Lane, Columbia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln, Nebraska

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 10-19-46 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1946 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 24, 1946 to Oct 18, 1946; that I last saw her alive on Oct. 17, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach — Duration Cause. Cirrhosis

Due to

Due to

Other conditions none (Include pregnancy within 3 months of death) 463

Major findings: Of operations Generalized cirrhosis chronic carcinomatosis

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Elmer C. Schumacher (M. D. or other)
Address Columbia, Mo. Date signed 10/19/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 10-22-76

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 M. D. Whitsides

Licensed Embalmer No. 3893

P. O. Address Columbia

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.