No. 2
—5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 23 1946

Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39500

Primary Registration District No. 5013

Registrar's No. 114

1. PLACE OF DEATH:

(a) County: Andrew

(b) City or town: Rural #1, Monroe Township
(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: Not
(Specify whether years, months or days)

In this community: 53 years 10 months 12 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Andrew 2

(c) City or town: Rural #1 Cosby 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: Elma Senora Sommer

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female /

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married /

6. (b) Name of husband or wife: Carl F. Sommer

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: January (Month) 18 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	10	12	hr. min.

9. Birthplace: Andrew County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

FATHER
12. Name: Nicholas Stuber
13. Birthplace: Unknown (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Eiman
15. Birthplace: Buchanan County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Carl F Sommer

(b) Address: Rural #1, Cosby, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/2/1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Ridge Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer

(b) Address: 1302 Faraon, St., St. Joseph, Missouri.

19. (a) 12-6-46 (Date received local registrar) (b) Lillian Sparks (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th. year 1946 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 29, 1946 to November 30, 1946; that I last saw her alive on November 27, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia 72hrs.	
Chronic Glomerulonephritis)	several months
Due to: Arteriosclerotic heart)	
Arteriosclerosis general)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 93D
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: G. E. Bingham (M. D.)

Address: 211 Kirkpatrick Bldg. Date signed: 12/3/46

St. Joseph, Mo.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elbert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.