

FILED JAN 20 1947

Registration District No. \_\_\_\_\_ Primary Registration District No. 5439

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Rural Canaan Miss.  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 16 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

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

(d) Street No. Owensville Route 1  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALDA MAE LIMBERG

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2  
year 1947 hour 12 minute 05 A.M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife William Limberg 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased October 23 1902  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1946 to Dec 1947  
that I last saw him for alive on Dec 15 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

44 2 9 - hr. - min.

Immediate cause of death Carcinoma of ovaries  
Duration unknown

9. Birthplace Canaan Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 49A

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Thomas Stadford 0

13. Birthplace Canaan Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Reed

15. Birthplace Canaan Missouri  
(City, town, or county) (State or foreign country)

Major findings: Metastatic growth through intestine

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant William Limberg

(b) Address Owensville, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 1 5 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation St. James Cem. Charlotte

(Specify type of place)

While at work? \_\_\_\_\_ (Specify type of place)

(g) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Millard H. Winters

(b) Address Owensville, Mo.

23. Signature Charles A. Shultz (M. D. or other) \_\_\_\_\_

19. (a) 1-6-47 (b) Bonny Blackman  
(Date received local registrar) (Registrar's signature)

Address Owensville, Mo. Date signed 1-3-47

RECEIVED  
DISTRICT BOARD  
NO. 9  
DISTRICT FILE NUMBER  
JAN 17 1947  
Date Filed

NOV 2 1947

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 Mr.  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wilford A. A. Winters  
Licensed Embalmer No. 3838  
P. O. Address Queneville 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.