No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12936

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 66

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alex VanRavenswaay 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 All of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper 27
(c) City or town Boonville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 510 Fourth St, 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Julia Sombart
3. (b) If veteran, name war ---- 3. (c) Social Security No. ----
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Sombart 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 28" (Day) 1864 (Year)
8. AGE: Years 83 Months Days 1 If less than one day hr. min.
9. Birthplace Boonville, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business At home
FATHER 12. Name George Sahm 4
13. Birthplace Germany (City, town, or county) (State or foreign country) 1
MOTHER 14. Maiden name Catherine Dicks
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Wm. Sombart
(b) Address Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 3" (Day) 1947 (Year)
(c) Place: burial or cremation Walnut Grove Cemetery
18. (a) Signature of funeral director Goodman & Boller.
(b) Address Boonville, Mo.
19. (a) 5-3-47 (Date received local registrar) (b) D. Cooper (Registrar's signature) 241

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1947 hour 11 minute 30 a M.
21. I hereby certify that I attended the deceased from 4/8 47 2, 19 , to 4/2 , 1947 that I last saw her alive on 4/29 at 11:45 a.m. 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocardial insufficiency	
Due to hip fracture and	
Due to bronchiolitis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

186 P 18

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) 27
(b) Date of occurrence 4/8 47
(c) Where did injury occur? at home (City or town) Boonville (County) Mo (State) 4th St
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home (Specify type of place)
While at work no (e) Means of injury fell out of bed
23. Signature [illegible] (M.D. or other) 6
Address Boonville Mo Date signed 5/3 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 5-7-47

OCT 25 1947

JAN 27 1948

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 J H Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.