

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14317

State File No.

Registration District No. 236

Primary Registration District No. 5818

Registrar's No. 24

1. PLACE OF DEATH:
(a) County Morgan
(b) City or town Versailles Rural
(c) Name of hospital or institution:
6 mi. No. Versailles
(d) Length of stay: In hospital or institution _____
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan
(c) City or town Versailles Rural
(d) Street No. 6 mi. No. Versailles
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Effie Kauffman
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 15th
year 1947 hour 5 minute 20 P.M.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jacob Kauffman
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased Sept. 29 1860

21. I hereby certify that I attended the deceased from 2-24-1947 to April 15-1947
that I last saw her alive on Apr 14 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
86 6 16 hr. 1 min.

Immediate cause of death Carcinoma of stomach
Duration 1 yr.

9. Birthplace No Record Ohio

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: H6 B
Of operations _____
Of autopsy _____

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name George Sanford
13. Birthplace No Record Ohio
14. Maiden name Mary Preston
15. Birthplace No Record Ohio

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

16. (a) Informant D. L. Kauffman
(b) Address Versailles, 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 Apr. 18-47
(c) Place: burial or cremation Mt. Zion's Cemetery

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director A. F. Caldwell
(b) Address Versailles, Mo.
19. (a) 4-19-47 (b) [Signature]

23. Signature A. J. Keenan (M. D. or other) _____
Address Versailles, Mo. Date signed 4-16-47

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

214

RECEIVED
District Health Officer No. 7,
District File Number 3-47-484
Date Filed 4-21-47

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 W. H. Caldwell.....

Licensed Embalmer No. 1596.....

P.O. Address Versailles 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.