

FILED DEC 2 1947
Registration District No.

Primary Registration District No. 3011

Registrar's No. 249

1. PLACE OF DEATH:
 (a) County **Carroll**
 (b) City or town **Carrollton**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Southside Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **9 weeks**
(Specify whether)
 In this community **Entire life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Carroll 17**
 (c) City or town **Carrollton**
(If outside city or town limits, write "RURAL")
206 So. Monroe
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **LORA A. UMPHERMAN**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

4. Sex **Fe.** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **1867** years
 7. Birth date of deceased **April 2**
(Month) (Day) (Year)

8. AGE: Years **80** Months **7** Days **11** If less than one day
hr. min.

9. Birthplace **Carrollton Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

12. Name **Louis G. Umpherman**

13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Brand**
Switzerland 5
(City, town, or county) (State or foreign country)

15. Birthplace.....

16. (a) Informant **Louis Umpherman**
 (b) Address **Norton, Kans.**

17. (a) **Burial** (b) Date thereof **11/15/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cem.**

18. (a) Signature of funeral director **Standley & Gibson**
 (b) Address **Carrollton, Mo.**

19. (a) **11/13/47** (b) **Mrs. Herbert Calvert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **11** day **13**
 year **47** hour **3** minute **15 PM**

21. I hereby certify that I attended the deceased from **Sept 19 1947** to **11/13/47**
 that I last saw her alive on **11/13/47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Stomach, extending to Esophagus**
 Due to.....

Other conditions **metastatic cancer in several**
(include pregnancy within 3 months of death)

Major findings: **HLP**
 Of operations.....
 Of autopsy.....

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?.....
 (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 conveyance.....

23. Signature **Wm. Umpherman**
 Address **Carrollton** Date signed **11/13/47**

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

MOTHER FATHER

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-1-47

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

Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.