

FILED JAN 9 1948

Registration District No. 274

Primary Registration District No. 5936

Registrar's No. 432

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.I.D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 69 years (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME

Rose Edna Tamm

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color of race W
6. (b) Name of husband or wife William Tamm
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Jan 27 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 21 hr. _____ min.

9. Birthplace Pettis Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Griffin
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hughes
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Wm E. Tamm
(b) Address Otterville MO R#2

17. (a) Burial (b) Date thereof 12-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton MO

18. (a) Signature of funeral director A. F. Kemmerer
(b) Address Smithton MO

19. (a) 12-20-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

(Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Smithton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.I.D.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18
year 1947 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 18 1947 to Dec 18 1947
that I last saw him alive on Dec 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations WPA
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? _____

While at work _____ (Specify type of injury)
23. Signature A. F. Kemmerer (M. D. number) MO
Address Smithton MO Date signed 12/20/47

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed 1-8-48

MAY 8 1958

096191 ABM

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 A. F. Macmeyer

Licensed Embalmer No. 3912

P. O. Address Smithton Ind

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.