

S. No. 2
 DM-5-43
 v. 5-17-39
 X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JUN 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **18942**

Registration District No. **64**

Primary Registration District No. **4110**

Registrar's No. **42**

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

1. PLACE OF DEATH:
 (a) County Chariton
 (b) City or town Salisbury
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community all years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Chariton
 (c) City or town Salisbury
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Annie Trow
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 6 day 2
 year 1948 hour 9 minute 30 a.m.
 21. I hereby certify that I attended the deceased from June 2, 1948 to June 2, 1948
 that I last saw her alive on June 2, 1948
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
 6. (b) Name of husband or wife Thomas Trow 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 7 29 1868
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Duration 30 min

8. AGE: Years 79 Months 10 Days 3 If less than one day _____ hr. _____ min.

Due to Coronary sclerosis ?

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

Due to _____

10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Thomas Kinsley
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Kunkle
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

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

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant Viola Peart
 (b) Address Salisbury Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-48
(Month) (Day) (Year)
 (c) Place: burial or cremation Eccles Cemetery
 18. (a) Signature of funeral director Geo Blumhardt Meyer
 (b) Address Salisbury Mo
 19. (a) 6/4/48 (Date received local registrar) (b) Autant (Registrar's signature)

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 place) (e) Means of injury
 23. Signature F. L. Spain (M. D. or other) MD
 Address Salisbury Mo Date signed 6-4-48

FEB 1 1950

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 6-12-48

AUG 22 1949

6761 JUN 1949

2477

MAR 30 1954

6761 MAR 30 1954

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 Chas B Winkemeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury Md

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.