DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23544
State File No.

Registration District No. 207 Primary Registration District No. 5756 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Maries
(b) City or town Rural
(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 entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Maries 63
(c) City or town Rural 0
(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 Sarah Elizabeth Nymboden
3. (b) If veteran, name war ✓
3. (c) Social Security No. —
4. Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Albertin
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased April (Month) 7 (Day) 1871 (Year)

8. AGE: Years 76 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Maries County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation house keeper
11. Industry or business ✓
FATHER
12. Name Abe Thompson
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Frank Boesch
(b) Address Kansas City - Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty - Belle - Mo.
18. (a) Signature of funeral director Sassmann's Funeral Service
(b) Address Belle - Mo.
19. (a) 7-1-48 (Date received local registrar) (b) Pauline Howard (Registrar's signature) 188

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1948 hour 12 minute 40 P.M.
21. I hereby certify that I attended the deceased from Oct 2, 1948, to June 19, 1948
that I last saw her alive on June 16, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Liver -	10 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46 F	
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature R. H. Schoenhals D.D. (D.D. or other)
Address Belle, Mo Date signed 6/21/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number JUL 15 1948
Date Filed

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 Chester Sassman

Licensed Embalmer No. 4128

P. O. Address Blan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.