DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1948

Registration District No. 139

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4223

State File No. 29591

Registrar's No. 85

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

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Maitland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 36 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44

(c) City or town Maitland 3
(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 Tobitha German

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William C German

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov (Month) 19 (Day) 1859 (Year)

8. AGE: Years 88 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housework

11. Industry or business Home

MOTHER FATHER

12. Name Herman Horney

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs Ester Bates

(b) Address St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-48 (Month) (Day) (Year)

(c) Place: burial or cremation Graham Cem

18. (a) Signature of funeral director G M Atkinson

(b) Address Maryville Mo

19. (a) 5-254 (Date received local registrar) (b) J Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1948 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from 9/21 1948 to 9/23 1948 that I last saw her alive on 9/21 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	3 wk.
Due to Valvular Heart Disease	?
Due to	
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.

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

23. Signature M C Lee (M. D. or other) DO.

Address Maitland Mo Date signed 9/24/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Lawrence J Thompson, Registered Apprentice No. 266, working under my personal supervision.

Signed G M Atkinson

Licensed Embalmer No. 2279

P. O. Address Maryville 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.