

No. 300
-10-47
5-17-39
WI 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37242

FILED DEC 8 1948
Registration District No. 5655

Primary Registration District No. 5655

State File No. _____
Registrar's No. 140

1. PLACE OF DEATH:

(a) County Laurie

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

(c) Name of hospital or institution:
Rt 2 Sarcovie 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 Liptine years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laurie 55

(c) City or town Rt 2 Sarcovie
(If outside city or town limits, write "RURAL")

(d) Street No. Rt 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3: (a) PRINT FULL NAME Louise Veith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fe 1 / 5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Louis Veith

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept 20 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 9 17 hr. min.

9. Birthplace Washington Co Illinois
(City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Fred Rehneller 4

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

14. Maiden name Unknown

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

16. (a) Informant Louise Veith

(b) Address Rt 2 Sarcovie Mo.

17. (a) Burial (b) Date thereof July 9 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Cemetery

18. (a) Signature of funeral director Mrs J. L. Smith

(b) Address Unknown, Mo.

19. (a) 11-20-48 (b) Cecil Hendricks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1948 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from 7-27 1948 to 7-7 1948
that I last saw him alive on 7-4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myo carditis 2 mo.

Due to Dilated 3 years

Due to _____

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

Major findings: 61

Of operations _____

Of autopsy _____

Duration

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 place)

By means of injury _____

23. Signature J. B. [unclear] (M. D. or other) _____

Address Paris, Mo. Date signed 7-8-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1248-1331

Date Filed 12-6-48

MAY 6 1949

MAY 5 1949

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 _____

By me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed *May J. Smith*

Licensed Embalmer No. 4252

P. O. Address *M. Keenan, 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.