

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3919**

BIRTH NO.		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Adair</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>1</u>		a. STATE <u>ILLINOIS</u> b. COUNTY <u>KANE COO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>701-E-Pierce</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elgin</u>			
				d. STREET ADDRESS (If rural, give location) <u>219-Washburn</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Amanda</u>	b. (Middle) <u>(None)</u>	c. (Last) <u>Wentworth</u>	Month <u>Feb.</u>	Day <u>14</u>	Year <u>49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN. 25, 1874</u>	9. AGE (in years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Shumway - Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Carl Krumreich</u>		13b. MOTHER'S MAIDEN NAME <u>Millie Pomroy</u>		14. NAME OF HUSBAND OR WIFE <u>William Elias H.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sydney E. Page</u> ADDRESS <u>Kirkville, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u>				<u>7 mons.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) <u>Ca of head of Pancreas</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>157X</u>	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>9-23-48</u>		19b. MAJOR FINDINGS OF OPERATION <u>CA of head of Pancreas (Inoperable)</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-22</u> , 19 <u>48</u> , to <u>2-14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-14</u> , 19 <u>49</u> , and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George A. Laughlin, D.D.</u>				23b. ADDRESS <u>Barksville, Mo.</u>		23c. DATE SIGNED <u>2-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 16, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-21-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u> ADDRESS <u>Kirkville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

3

RECEIVED

District Health Officer No. 10

District File Number 2-49-38

FEB 8 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Jack T. Cooley

Licensed Embalmer No. 4619

P. O. Address Kingsville 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.