

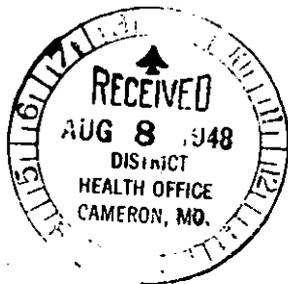
FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 5373

State File No. 22955

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

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>99</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>De Kalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>De Kalb</u>			
b. CITY OR TOWN <u>Maysville Rural</u>		c. LENGTH OF STAY (in this place) <u>five</u>		c. CITY OR TOWN <u>Maysville Rural 37</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi S.E.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home 3 mi S.E. 1</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi S.E.</u>			
3. NAME OF DECEASED (Type or Print) <u>VIRGINIA LOUELLA BACHMAN</u>			a. (First)			b. (Middle)	
c. (Last)			4. DATE OF DEATH		(Month) (Day) (Year)		
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
8. DATE OF BIRTH <u>May 27 1876</u>			9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>12</u> DAYS <u>25</u> HOURS <u>+</u> MIN. <u>+</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>			11. BIRTHPLACE (State or foreign country) <u>Mo. 15</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>Sam Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie Moore</u>	
14. NAME OF HUSBAND OR WIFE <u>Gearge Maysville</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George Bachman</u>			ADDRESS <u>Maysville</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>136<sup>th</sup></u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Aug. 1946</u> to <u>July 23, 1949</u> , that I last saw the deceased alive on <u>July 23, 1949</u> , and that death occurred at <u>9:10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles Fowler M.D.</u>				23b. ADDRESS <u>Maysville, Mo</u>		23c. DATE SIGNED <u>7/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>		24d. LOCATION (City, town, or county) (State) <u>Maysville Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-30-49</u>		REGISTRAR'S SIGNATURE <u>Charles D. Anderson</u>		FEDERAL DIRECTOR'S SIGNATURE <u>John Brown</u>		ADDRESS <u>Maysville Mo.</u>	



**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.

Signed.....

*John Bram*

Signed.....

Student Embalmer

Licensed Embalmer No. *3933*

P. O. Address: *Mayville 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.