

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41220

State File No.

FILED JAN - 6 1943

Registration District No. 190

Primary Registration District No. 5704

Registrar's No.

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Wheeling Rural
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 5 yrs
years, months or days

3. (a) PRINT FULL NAME

Jeanette Lake

3. (b) If veteran,
name war X

3. (c) Social Security
No. X

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Albert Lake 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased January 14 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 11 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Theodore Brabst
13. Birthplace Marion Co Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Emma Van Benthuyzen
15. Birthplace Marion Co Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elgin Bolts
(b) Address meadville MO.
17. (a) Burial (b) Date thereof 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parson Creek cem

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo
19. (a) Dec 31 '42 (b) Jeanette Switzer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Wheeling Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1942 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from Dec 23
to Dec 29, 1942
that I last saw her alive on Dec 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Malignant Hypertension
Coronary Artery

Due to 1246
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) (e) Means of injury

23. Signature Dr. M. D. Switzer (M. D. or other)
Address Chillicothe MO Date signed 12/30/42

1654 (Licensed Embalmer's Statement on Reverse Side)

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

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 Self
....., Registered Apprentice No.
working under my personal supervision.

Signed Frank L. Smiley
Licensed Embalmer No. 478
P. O. Address Wheeling, 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.