

S. No. 2
OM-5-43
Rev. 5-17-39
I X36671

FILED MAR 4 1948

Registration District No. 274

Primary Registration District No. 4408

Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

(c) City or town Florence Rural
(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 Matilda Loeffler Senkin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1947, to Jan 21, 1948
that I last saw her alive on 21 Jan, 1948
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased: 2-17-1882
(Month) (Day) (Year)

Immediate cause of death: Apoplexy, Cerebral

Due to Hypertension Duration 36 hr

Due to Arteriosclerosis years

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

85 11 5 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Loeffler

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

14. Maiden name Kristina Fisher

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

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.

16. (a) Informant Mrs Ernest Cebster

(b) Address Smithton MO

17. (a) Burial (b) Date thereof 1-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sumner South of Smithton

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 (c)

18. (a) Signature of funeral director A.F. Naumbger

(b) Address Smithton MO

19. (a) 1-24-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

23. Signature P.V. Siegel M.D. (M.D. or other)
Address Smithton MO Date signed 1/23/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-3-48

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

....., Registered Apprentice No.

working under my personal supervision.

Signed

A. F. Nemmes

Licensed Embalmer No.

3912

P. O. Address

Smithton, MD

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.