

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7048

State File No. _____

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Moniteau, Co.
 (b) City or town California, Mo. Walker
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
107 North Owen
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Life years, months or days

3. (a) PRINT FULL NAME Louise Inman

3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased May 18 1862
 (Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Jacob Eter

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

14. Maiden name Rosana Lipfer
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Clara Rose

(b) Address California Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8. 43
 (Month) (Day) (Year)

(c) Place: burial or cremation Burk Cemt. California

18. (a) Signature of funeral director Bowlin Funeral Home
 (b) Address California, Mo

19. (a) 2-8-43 (b) W. J. Miller
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
 (c) City or town California, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 107 N Owens (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
 year 1943 hour 12 minute P M.

21. I hereby certify that I attended the deceased from Jan 22
1943 to Feb 6 1943
 that I last saw her alive on Feb 6 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Bronchial Asthma
Hypertension

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 94

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 W. J. Miller (M. D. or other) 20
 Address California Date signed 2/8/43

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

Signed

Earl R. Boulder

Licensed Embalmer No.

2126

P. O. Address

California 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.