

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED OCT 18 1940

32594

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571
(b) Township Walker Primary Registration District No. 4335
(c) City California (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred _____ mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. California Mo St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas Chass
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 6 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Moniteau Co Mo
(STATE OR COUNTRY)

13. NAME John L. Allen

14. BIRTHPLACE (CITY OR TOWN) Moniteau Co Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Polly Ann Hays

16. BIRTHPLACE (CITY OR TOWN) Moniteau Co Mo
(STATE OR COUNTRY)

17. INFORMANT Lawrence Chass
(ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem DATE 9/9 1940

19. FUNERAL DIRECTOR (NAME) William H. Friedman
(ADDRESS) California Mo

20. FILED 9-9-1940 H.R. Popejoy
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1939, to Sept 7, 1940

I last saw her alive on Sept 7, 1940. Death is said to have occurred on the date stated above, at 2:30 P. m.
The principal cause of death and related causes of importance were as follows:

Spastic Coarctitis

arterio-sclerosis and
hypertension

Other contributory causes of importance:

Stomatitis Simplex

Date of onset
1880.

1939.

9-1-40.

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Edgar A. Tibbe M. D.
(Address) California Mo

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.....

W E Friedman

Licensed Embalmer No.....

2854

P. O. Address.....

California Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.