

7. S. No. 2
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 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 26 1945

Primary Registration District No. 1002

Registrar's No. 4656

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town James City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Research Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Ray 89
 (c) City or town Richmond 1
 (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 Ava Schwensen
 3. (b) If veteran, name war No
 3. (c) Social Security No. ad

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 10
 year 1945 hour 3:45 minute p. M.
 21. I hereby certify that I attended the deceased from Nov, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife J. H. Schwensen
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased Jan. 12, 1877
 (Month) (Day) (Year)

Immediate cause of death Pneumonia - pneumonia
 Due to Fractured sternum, ribs, 1st Lumb. Vertebrae
Coronary sclerosis
arterio sclerosis
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 1. 2. 3. 4. 5. 6.

8. AGE: Years 70 Months 9 Days 28
 If less than one day hr. _____ min. _____

Physician _____
 Underline the cause to which death should be charged statistically.
 Of autopsy no
History & Injection

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

10. Usual occupation House wife

11. Industry or business _____
 12. Name Ben Dertler
 13. Birthplace Pen.
 (City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Marg E. Schwensen
 (b) Address Richmond, Mo.
 17. (a) Burial (b) Date thereof Nov. 12, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Richmond, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence 11-7-45
 (c) Where did injury occur? Richmond, Mo. Ray, Mo. 89
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm
 While at work? no (Specify type of place) Felling tree
 (e) Means of injury _____

18. (a) Signature of funeral director E. W. Wismar
 (b) Address Richmond, Mo.
 19. (a) 11-10-45 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

23. Signature J. W. Walker (M. D. or other) _____
 Address 1424 Myra St. Date signed 11-10-45

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 _____

Licensed Embalmer No. 2079

P. O. Address Richmond, 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.