

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. Marshall

FILED AUG 25 1943

State File No. 28837

Registration District No. 318 175

Primary Registration District No. 3036

Registrar's No. 98

1. PLACE OF DEATH: ~~XXXXXX~~ xc Lawrence  
(a) County Aurora  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Aurora Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME Mrs. Martha Netzer  
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, Married  
6. (b) Name of husband or wife Joe Netzer 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased October 1 1874 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 9 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Peter Didion  
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph P. Netzer  
(b) Address Billings, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Billings, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) July 15, 1943 (b) Eunice Kress (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 2.2  
(a) State Missouri (b) County Christian  
(c) City or town Billings (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1943 hour 6 minute 45 p.m.

21. I hereby certify that I attended the deceased from Jan. 27, 1943  
19 to July 12, 1943  
that I last saw her alive on July 12, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of descending colon

Due to Pernicious Anemia

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

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 B.W. Marshall (M.D. or other)

Address Billings, Mo. Date signed July 14, 1943

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

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number 843-909

Date Filed APR 20 1933

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 Walter E Hameller

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.