REC'D FEB 9 1939

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

2072
Do not use this space.

26

1. PLACE OF DEATH

(a) County Cole — Registration District No. 213

(b) Township Jefferson — Primary Registration District No. 5293 — Registered No. 25

(c) City ~~Wardsville, Mo.~~ — (d) Street No. Wardsville, Mo. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Mary Mertens

(a) Residence, No. 635 Wardsville, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P. P. Mertens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7. 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) (STATE OR COUNTRY) Richfountin. Mo.

FATHER

13. NAME Joseph Bock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Katherine Tweehouse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toas, Mo.

17. INFORMANT (ADDRESS) Paul P. Mertens

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Wardsville, Mo. DATE 1/29/39 19

19. FUNERAL DIRECTOR (NAME) John F. Heinrichs (ADDRESS) Jeff City Mo

20. FILED 2/3/39 19 H. A. Bessford M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27/39 19

22. I HEREBY CERTIFY, That I attended deceased from 10-29, 1937, to 1-27, 1939. I last saw alive on 1-27, 1939. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10-29-37
Coronary Thrombosis	1-27-39

Other contributory causes of importance: 93 C

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) F. W. Gilbreath M. D.

(Address) Jefferson City, Mo.

Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, ...

John F. Heinrichs, or by .....

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

Signed John F. Heinrichs

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

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

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