

REC'D MAR 17 1939

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

7024

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
 (b) Township Aurora Primary Registration District No. 4280
 (c) City Aurora (d) Street No. 19 West High 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 65-9 Minnie Greenhagen

(a) Residence, No. 19 W. High 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Richard Greenhagen</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 7-1860</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>2</u>	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Germany</u>				
FATHER	13. NAME <u>Not Known</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Not Known</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Mr Johnnie Greenhagen</u> (ADDRESS) <u>Aurora Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Aurora Mo.</u> DATE <u>Feb, 21</u> 19 <u>37</u>				
19. FUNERAL DIRECTOR (NAME) <u>J. F. King</u> (ADDRESS) <u>Aurora Mo.</u>				
20. FILED <u>3-2</u> 19 <u>37</u> <u>R. D. Cowan M.D.</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1939 to Feb 18 1939
 I last saw her alive on Feb 12 1939. Death is said to have occurred on the date stated above, at 1.10 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Paul Smith M. D.(Address) 121 N. Pleasant Aurora Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-540

Date Filed MAR 9 1939

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

Herman M. Scarridge

Licensed Embalmer No. 3072

P. O. Address Autora 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, above space should be left blank.