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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25240

FILED AUG 18 1941

Registration District No. 398

Primary Registration District No. 3019

State File No. _____

Registrar's No. 188

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
824 So. Pleasant
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 34 years

3. (a) PRINT FULL NAME MINNIE FRANCES WERNER

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex Female

5. Color of race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph M. Werner

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb - 12 - 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 5 1 hr. _____ min.

9. Birthplace New Trenton, Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name James R. Chappelou

13. Birthplace Dearborn Co, Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cook

15. Birthplace Ellettsville
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Cobb

(b) Address 824 So. Pleasant St
Mound Grove
(Burial, cremation, or removal) (b) Date thereof 7-14-41
(Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem

18. (e) Signature of funeral director George L. Larson

(b) Address Independence, Mo.

19. (a) July 15, 41 (b) J. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁰⁴⁸

(c) City or town Independence ⁴
(If outside city or town limits, write "RURAL")

(d) Street No. 824 So. Pleasant
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1941 hour 0155 minute 17 A. M.

21. I hereby certify that I attended the deceased from May 19
1941, 19 to July 13, 1941;
that I last saw her alive on July 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death acute edema of lungs

Due to Coronary Occlusion ^{3 days}

Due to 94A ^{8 weeks}

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) 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)

(c) Means of injury _____

23. Signature D. G. Garrison (M. D. or other) D.O.

Address Indep, Mo. Date signed 7/13/41

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

2015

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. 3156

P. O. Address *Delph. 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.