No. 2
4-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38265

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 110

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. (Specify whether
In this community 2 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington 6
(If outside city or town limits, write "RURAL")

(d) Street No. 247 Fair St. 2
(If rural, give location)

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

3. (a) PRINT FULL NAME MARIE ELAINE YENZER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased November (Month) 18 (Day) 1941 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	2 hr. 20 min.

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

10. Usual occupation None

11. Industry or business ✓

FATHER
12. Name John Peter Yenzer
13. Birthplace Washington (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Gladys Kappelmann
15. Birthplace New Haven (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John Peter Yenzer

(b) Address Washington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19, 1941 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Nieburg & Vitt, Inc. by

(b) Address Washington, Mo. L. H. Vitt

19. (a) Nov. 19-1941 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1941 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from Nov. 18, 1941, to Nov. 18, 1941;
that I last saw her alive on Nov. 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to Unknown

Due to Unknown

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

Major findings:
Of operations ✓

Of autopsy none done

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

159

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Charles E. Griffin (M. D. or other)

Address 115 E. St. Washington Mo. Date signed 11/19/41

270 (Licensed Embalmer's Statement on Reverse Side)

Dr Sutton

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 Not Embalmed, Registered Apprentice No. _____ working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo.

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

If this body is not embalmed, fact should be so stated above.