

2 No. 2  
4-13-40  
5-17-39  
P-I X29159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41555

State File No. \_\_\_\_\_

JAN 9 1942

Registration District No. 157

Primary Registration District No. 4091

Registrar's No. 46

1. PLACE OF DEATH: Cass  
 (a) County Cass  
 (b) City or town Pleasant Hill, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (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  
 years, months or days

3. (a) PRINT FULL NAME Natie Blooz Preston  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex 7d 5. Color or race wh 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife Geo. E. Preston 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased January 2 - 1868  
 (Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Chris Blooz  
 13. Birthplace Germany (City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia White

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 12/17/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director A. A. Rosenberg

(b) Address Pleasant Hill, Mo.

19. (a) 12-17-41 (b) Mrs. Ethel M. Aldridge  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cass  
 (c) City or town Pleasant Hill, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 15, year 1941, hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Sept, 1941, to Dec. 15, 1941; that I last saw her alive on Dec 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation  
arterio-sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 8 months of death) 92b

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 \_\_\_\_\_

(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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. V. Murray (M.D. or other) \_\_\_\_\_

Address Pleasant Hill, Mo. Date signed 12/17/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9  
2  
0

147

(Licensed Embalmer's Statement on Reverse Side)

**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

*D. B. Noflinger*

Licensed Embalmer No. *3938*

P. O. Address *Pleasant Hill, N*

**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.**