

Registration District No. 71

Primary Registration District No. 3012

State File No.

Registrar's No. 172

1. PLACE OF DEATH  
 (a) County Clay  
 (b) City or town Excelsior Springs  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Excelsior Springs Sanitarium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
 In this community 64 years, 10 months  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Clay  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3 miles south Excelsior  
 (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME MARTHA VASSMER

MEDICAL CERTIFICATION

3. (b) If veteran, name war no

3. (c) Social Security No. no

20. DATE OF DEATH: Month Nov day 4  
year 1942 hour 7 minute 30 A.M.

4. Sex Female 5. Color or face white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 37 years (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1 1942 to Nov 4 1942  
that I last saw her alive on Nov 3 1942  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Jan 3rd 1878  
(Month) (Day) (Year)

Immediate cause of death Carotid artery occlusion about 36 hrs before death

8. AGE: Years 64 Months 10 Days 1  
If less than one day hr. min.

Due to General arteriosclerosis  
Due to

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

Other conditions caused a edema lung before death  
(Include pregnancy within 3 months of death)

10. Usual occupation at home

Major findings: Of operations 94 a

11. Industry or business

Of autopsy no

12. Name H. C. Vassmer MD

Underline the cause to which death should be charged statistically.

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

14. Maiden name Martha Siegel

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

16. (a) Informant H. C. Vassmer

(b) Address Excelsior Springs

17. (a) Burial (b) Date thereof 11/5/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Excelsior Springs Mo

19. (a) 11-5-42 Mr. S. H. Redman  
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? none  
(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) (e) Means of injury

23. Signature [Signature] (M. D. or other)

Address Excelsior Springs Mo Date signed 11-4-42

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

24  
1

24

0

0

0

0

4

30 A.M.

Nov 4

Nov 3

1942

1942

Duration

caused a edema lung

before death

94 a

no

no

none

Excelsior Cemetery

Excelsior Springs Mo

11-4-42

1166

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-2-42

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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

*Gas A Moles*

Licensed Embalmer No.

*3296*

P. O. Address

*Excelsior Springs*

**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.**