

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9863**

Registration District No. **523**

Primary Registration District No. **3009**

Registrar's No. **15**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**

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

(c) Name of hospital or institution:
Harrington Road, 1
(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, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Jackson Mo R # 2**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Carolea PEETZ**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29**
year **1943**, hour **2:00** minute **A.M.**

21. I hereby certify that I attended the deceased from **March 2** 19**43** to **March 22** 19**43**
that I last saw her alive on **March 22** 19**43**
and that death occurred on the date and hour stated above.

4. Sex **F.** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**

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

7. Birth date of deceased: **Mar 4 1904**
(Month) (Day) (Year)

Immediate cause of death: **Chronic Myocarditis**

Due to: **Hypertension**

Due to: **Obesity**

Due to: **Senility**

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

8. AGE: Years **37** Months **0** Days **25** If less than one day
hr. min.

9. Birthplace: **Cape Girardeau Co** (City, town, or county) (State or foreign country)

Major findings: **93d**

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Wm Meier**

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

14. Maiden name **Marie Boos**

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

16. (a) Informant **Mrs Hy Raloff**
(b) Address **Jackson Mo**

17. (a) **Rural** (b) Date thereof **Mar 31 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **James Whit Cemetery**

18. (a) Signature of funeral director **W E Bumbolt & Co**
(b) Address **Jackson Mo**

19. (a) **30 1943** (b) **J. H. Keenan**
(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).....

(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)
(e) Means of injury.....

23. Signature **Albert M. Kater** (Physician, D. or other) **Phys**
Address **Jackson** Date signed **3/30/43**

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

16
2
7

RECEIVED

District Health Officer No. 4

District File Number 443-2013

Date Filed 4-7-43

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.....

P. O. Address.....

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.