

FILED JUN 14 1944

Registration District No. 3016

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1126 West High Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 77 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 1126 West High Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Mary Katherin Block

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ben Block 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased June 2 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 00 20 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name George Schwaller
13. Birthplace Wardsville, Mo.
(City, town, or county) (State or foreign country)
14. Mother's name Elizabeth Hoffmeyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O. L. Findley
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June-24-1944
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery
18. (a) Signature of funeral director John J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 6-24-44 (Date received local registrar) (b) Thomas Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1944 hour 10 minute 12 P.M.

21. I hereby certify that I attended the deceased from June 13, 1944, to June 13, 1944, that I last saw her alive on June 13, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia Terminal to Senility etc Duration 7 days

Due to Hypertension with paralysis Senility 3 yrs 5 yrs

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

23. Signature James A. Hillman (M. D. or other) Address Jefferson City Mo Date signed 6-24-44

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

2654

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-29-44.....

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 Frank P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jeff City 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.