

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Russell Washita Sup.
(c) Name of hospital or institution: Chick Hosp. No 3 J.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs. 11 mo. 27 d.
In this community same time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 108
(c) City or town Hughsville
(If outside city or town limits, write "RURAL")
(d) Street No. unknown
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country Germany (2)

3. (a) PRINT FULL NAME

Margaret-Beech

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Aht. 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased July 25 - 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business own home

12. Name August-Nolte

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name unknown

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Hospital Records (b) Address Nevada Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 9-8-45
(Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director Henry Steinborn (b) Address Nevada Mo.

19. (a) 9-8-45 (b) Ruthie J. Yancy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1945 hour 11:20 minute PM

21. I hereby certify that I attended the deceased from 8-1-45
1945, to 8-30-45; 10
that I last saw her alive on Aug. 30 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis.

Due to _____
Due to _____

Other conditions Dementia Precox
(Include pregnancy within 3 months of death)

Major findings: 138
Of operations _____
Of autopsy Pulmonary etc.

Duration _____
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? _____

(e) While at work? _____ (Specify type of place) (f) Means of injury _____

23. Signature R B Resler (M. D. of other) no
Address Nevada Mo. Date signed 8-30-45

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

RECEIVED
District Registrar Office No. 7,
District No. 9-43-972
Date Filed 10-17-45

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 Me
....., Registered Apprentice No. 1760
working under my personal supervision.

Signed L B Ferry
Licensed Embalmer No. 1760
P. O. Address Nevada 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.