S. No. 2
M—8-43
. 5-17-39
I X37823

76
0
0

1711

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3538

Registration District No. 257 Primary Registration District No. 5880 4389 Registrar's No.

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Linn
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 76
(c) City or town Linn Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fredricka Amelie Gove
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Peter Gove
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 4 (Month) (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
66	4	10	hr. min.

9. Birthplace Linn (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Charles Jantzen
13. Birthplace Prussia (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Emma Feldmann
15. Birthplace Fewersville (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Harold Gove
(b) Address 1528 Locust St. St Louis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Linn Mo
18. (a) Signature of funeral director
(b) Address
19. (a) Jan 19-1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14
year 1946 hour 6 minute 30 p.M.
21. I hereby certify that I attended the deceased from 1-7-, 1946 to 1-14-, 1946
that I last saw her alive on 1-14-, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	
Due to Cerebral Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 835	
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Norman W. Baldwin (M. D. or other) D.O.
Address Linn Date signed 1-18-46

235

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-5-46

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.