

FILLED FEB 19 1947

Registration District No. 260

Primary Registration District No. 5884

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Loose Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural, Washington township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All Life
years, months or days

3. (c) PRINT

FULL NAME Mary Mertensmeyer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Stephen Mertensmeyer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 16, 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Bexcheinen 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Gertrude Schuelen
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Henry Mertensmeyer

(b) Address Loose Creek, Mo., R # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/47 (Month) (Day) (Year)

(c) Place: burial or cremation Westphalia, Mo.

18. (a) Signature of funeral director W. D. Norton

(b) Address Linn, Mo.

19. (a) 2-7-47 (Date received local registrar) (b) Miss A. H. Moore (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76
(c) City or town Loose Creek Missouri, R # 1 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural, Washington township 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th.
year 1947 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 5th
1943 to Feb 4, 1947,
that I last saw her alive on Jan 5th, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Chronic
Arteriosclerosis
Duration 5 yrs

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature Conrad S. Verhoff (M. D. or other) 0

Address Frederick Mo. R.R. Date signed 2/6/47

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

RECEIVED
District Health Officer No. 9
District File Number 2-18-47
Date Filed

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 Jarmon M. Swarton

Licensed Embalmer No. 4125

P. O. Address Lincoln

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.