

FILED MAR 31 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9718

State File No.

Registration District No. 163

Primary Registration District No. 2031

Registrar's No. 13

1. PLACE OF DEATH

(a) County Jefferson
 (b) City or town Debato
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 229 St. Louis St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 2 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 50
 (c) City or town Debato Mo 21
(If outside city or town limits, write "RURAL")
 (d) Street No. 229 St. Louis St. 2
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME MINNIE ANNE PEASE

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife Jessie Frank Pease 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 8 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Auslin Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John Albert
 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Annah Elmer
 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Nannie Pease
 (b) Address Debato Mo

17. (a) Burial (b) Date thereof March 17 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn Park Debato Mo.

18. (a) Signature of funeral director Daniel B. ...
 (b) Address Debato Mo.

19. (a) 3-22-47 (b) Marie ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
 year 1947 hour 8 minute 45 a.m.

21. I hereby certify that I attended the deceased from Mar 14 1947 to Mar 14 1947
 that I last saw her alive on Mar 14 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis
 Due to arteriosclerosis
 Due to _____

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

Major findings: Of operations 94A
 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?
(Specify type of place) (e) Means of injury.

23. Signature J. P. ...
 Address Debato, Mo. Date signed 3/17/47

Duration 1 da
yr
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number 3/28/47
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 Samuel B. Dettmeyer

Licensed Embalmer No. 4104

P. O. Address Delato 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.