

FILED MAY 29 1947

Registration District No. _____

Primary Registration District No. **4266**

Registrar's No. **8**

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

1. PLACE OF DEATH

(a) County **Jafayette**
(b) City or town **Wellington**
(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 _____ **60 years** (Specify whether

years, months or days)

3. (a) PRINT FULL NAME **IDA-B-ARRING**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **August Ahum** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **July 24 1880**
(Month) (Day) (Year)

8. AGE: Years **66** Months **7** Days **25** If less than one day hr. min.

9. Birthplace **Schleussburg Wm** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Ret**

12. Name **Fred Brune** 13. Birthplace **Wagoner Schleussburg Wm** (City, town, or county) (State or foreign country)

14. Maiden name **Minnie Seuthen** 15. Birthplace **Schleussburg Wm** (City, town, or county) (State or foreign country)

16. (a) Informant **August Ahum** (b) Address **Wellington Wm**

17. (a) **Burial** (b) Date thereof **3-20-47** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wellington Wm Evangelical Church**

18. (a) Signature of funeral director **Eugen Funeral Home** (b) Address **Wellington Wm**

19. **April 3 1947** (Date received local registrar) (Registrar's signature) **1782**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jafayette**
(c) City or town **Wellington** (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **15** year **1947** hour **12:30** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 1937** to **March 18 1947** that I last saw her alive on **March 15 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Paralysis of respiratory muscles**

Due to **Paralysis agitans** 10 yd

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) (e) Means of injury _____

3. Signature **R.B. Watts** (M. D. or other) **M.D.** Address **Wellington Wm** Date signed **3-17-47**

Duration
Physician
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-22-47

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..... *W. R. Brown*

Licensed Embalmer No. 4305

P. O. Address..... *Wellingham Md*

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. *W. R. Brown*