

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7493

State File No. _____

FILED MAR 5 1948

Registration District No. 322

Primary Registration District No. 3071

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town State
 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 17 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97
 (c) City or town State 2
 (If outside city or town limits, write "RURAL")

(d) Street No. 905 North Elm 1A
 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Frances Giger
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7th
 year 1948 hour 6 minute 11 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: September 20-1888
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1948
 to Feb 7 1948
 that I last saw her alive on Feb 7 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 4 Days 17
 If less than one day _____ hr. _____ min.

Immediate cause of death: Acute dilatation of heart
 Due to Hypertension
Myocardial Stenosis
 Due to _____

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

9. Birthplace William Saline Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: _____
 Of operations: _____
 Of autopsy: _____

MOTHER FATHER

11. Industry or business _____

12. Name Cleopatra Kruse
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Don't know

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

16. (a) Informant M. J. Giger
 (b) Address 905 North Elm, State, Mo

17. (a) Buried (b) Date thereof 2-10-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State City Cemetery

18. (a) Signature of funeral director Jones' Selger
 (b) Address State, Mo

19. (a) 2-16-1948 (b) Mrs. Earl C. Metz
 (Date received local registrar) (Registrar's signature)

(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 _____

23. Signature A. W. Surgeny (Name or other) _____
 Address State, Mo Date signed 2/9/48

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-4-48

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

James E. Jones

Licensed Embalmer No. 3143

P. O. Address Slater Mrs

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.