

RECD JAN 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41877
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 100 Registered No. 4943
 (c) City Jamestown City (d) Street No. Research Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5537 Forest St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Richard J. Mohr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 17, 1888</u>		
7. AGE <u>50</u>	YEARS <u>1</u>	MONTHS <u>2</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at Home</u>		11. Total time (years) spent in this occupation <u>108</u>
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Kansas</u>		
13. NAME <u>John Andie</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
15. MAIDEN NAME <u>Margaret Rodabeck</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Richard J. Mohr, 5537 Forest</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Maresh</u> DATE <u>Dec 21, 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>D. N. Newcomer, 615 Malvern St. & Paed</u>		
20. FILED <u>Dec 20, 1938</u> M. M. <u>Conroy</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1938, to Dec 19, 1938
 I last saw her alive on Dec 17, 1938. Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
108
 Date of onset Dec 9, 1938

Other contributory causes of importance:
upper respiratory infection 11/27/38
Pneumococcus gastritis 11/4/38

Name of operation none performed Date of 12/19/38
 What test confirmed diagnosis? chest x-ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Hubert Volante M. D.
 (Address) 1128 P. 10th St. St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

01-3

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.....

Nell Carr
3976

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.