

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.

REC'D JAN 20 1939

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

43656
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 480
 (b) Township Union Primary Registration District No. 4289 Registered No. 25
 (c) City La Grange (d) Street No. _____ 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 60 yrs. 7 mos. 16 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jo Tatje
 (a) Residence, No. La Grange, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.O. Tatje
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12th, 1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 7 16
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hotel Proprietor
 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) 1938 11. Total time (years) spent in this occupation 12
 OCCUPATION

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 28 1938
 22. I HEREBY CERTIFY, That I attended deceased from NOV 9, 1938, to DEC 28, 1938
 I last saw h. EA alive on DEC 28, 1938 Death is said to have occurred on the date stated above, at 2:45 p.m.
 The principal cause of death and related causes of importance were as follows:

URAEMIA
or MYO CARDITIS
NEPHRITIS (CHRONIC)

Date of onset

Other contributory causes of importance: 131

12. BIRTHPLACE (CITY OR TOWN) La Grange
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Joseph Cottrell

14. BIRTHPLACE (CITY OR TOWN) La Grange
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Lemon

16. BIRTHPLACE (CITY OR TOWN) Louisville
 (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Earl Leeser
 (ADDRESS) La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE La Grange DATE Dec. 30th 1938

19. FUNERAL DIRECTOR (NAME) A.A. Roberts
 (ADDRESS) La Grange, Mo.

20. FILED Dec 29 1938 W. J. Willey
 Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? CHALICAE Was there an autopsy? NO

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 _____ M. D.
 (Signed) W. J. Willey
La Grange, Mo. (Address)

RECEIVED

District Health Officer No. 10

District File Number 10-38-870

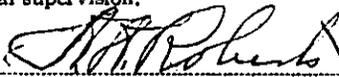
Date Filed 1-16-39

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,

December 28th, 1938, or by

Registered Apprentice No., working under my personal supervision.

Signed 

Licensed Embalmer No. 1626

P. O. Address La Grange, 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, above space should be left blank.