

REC'D FEB 15 1939

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

Dr. Powell

2325

Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
(b) Township 2 Primary Registration District No. 2001 Registered No. 61
(c) City SPRINGFIELD (d) Street No. 839 So New Street 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Mary Anne Nerud

(a) Residence, No. 839 So New Street 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank J. Nerud

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 7 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czechoslovakia13. NAME Frank Safarnek14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czechoslovakia15. MAIDEN NAME Rose Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czechoslovakia17. INFORMANT (ADDRESS) Marcelene Nerud
Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marys DATE Jan 23 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Herman H. Lohmeyer
Springfield Mo20. FILED Jan 23 1939 Chas. A. George Local Registrar No. 290 (Address) Springfield Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1939, to Jan 20 1939
I last saw her alive on Jan 20 1939. Death is said to have occurred on the date stated above, at 4 P. M.
The principal cause of death and related causes of importance were as follows:

Pulmonary embolus

Date of onset

Other contributory causes of importance:

Hypertension
myocardial degenerationName of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____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) Emmanuel, M. D.

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

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.