

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 MAR 20 1939

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

7506
Do not use this space.

1. PLACE OF DEATH
 (a) County Leflore Registration District No. 689
 (b) Township Buffalo Primary Registration District No. 3033 Registered No. _____
 (c) City or Louisiana (d) Street No. 917 Washington 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 Elizabeth Thyen
 (a) Residence, No. 917 Washington St. (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 Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (P) Thyen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 6 1854
 7. AGE YEARS 85 MONTHS 10 DAYS 3 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 FATHER 13. NAME Anton Vella
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME (P)
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (P)
 17. INFORMANT (ADDRESS) Mrs Moratzeck Louisiana Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Quinn's Cem DATE 2/11 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. P. Hally Louisiana Mo
 20. FILED 2/10 38 J. P. Hally Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1939
 22. I HEREBY CERTIFY, That I attended deceased from 2-6 1939 to 2-9 1939
 I last saw her alive on 2-9 1939. Death is said to have occurred on the date stated above, at 305 m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 2/5/39
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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 _____
 (Signed) J. W. Hanson, M. D.
 (Address) Louisiana Mo

RECEIVED

District Health Officer No. 10

District File Number 10-39-379

Date Filed MAR 3 1939

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 _____

working under my personal supervision.

George O. Hagner

Registered Apprentice No. _____

Signed _____

George O. Hagner

Licensed Embalmer No. _____

3773

P. O. Address _____

Louisiana, M

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.