

1939 JUN 15 1939

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

19172  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
 (b) Township Massa Primary Registration District No. 3029 Registered No. 162  
 (c) City Nannibal (d) Street No. Revering 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

525 Alfrieda Marie Janssen  
 (a) Residence, No. Shelbyville, Missouri 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emil Janssen  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1902  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 6 13  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
 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) Mt. Olive, Illinois

FATHER 13. NAME John V. Franke  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Olive, Illinois

MOTHER 15. MAIDEN NAME Anna Schepker  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethalto, Illinois

17. INFORMANT (ADDRESS) Emil Janssen, Shelbyville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive, Ill. DATE May 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray B. Schwartz, Nannibal, Missouri

20. FILED May 13, 1939 W. C. Fisher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939, to May 13, 1939  
 I last saw him alive on May 13, 1939. Death is said to have occurred on the date stated above, at 2:15 a.m.  
 The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction Date of onset 5-6-13  
12762  
 Other contributory causes of importance: Adhesions in pelvis

Name of operation Resection bowel Date of May 11, 1939  
 What test confirmed diagnosis? op. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no  
 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) John A. Deely, M.D.  
 (Address) Nannibal, Mo

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.

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**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.**