

RECD OCT 12 1939

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

32807
Do not use this space.

54

1. PLACE OF DEATH
 (a) County Jayville 2 Registration District No. 465
 (b) Township Middletown 1 Primary Registration District No. 5620B Registered No. 11
 (c) City _____ (d) Street No. _____
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Catherina W. Narme.
 (a) Residence, No. _____ 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Narme
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 29
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) Brooklyn N. Y.
 13. NAME Martin Rensler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Johanna Stockfleth
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Peter Narme
 (ADDRESS) Waverly, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lakeview Mo Sept 4, 1939
 19. FUNERAL DIRECTOR E. S. James
 (ADDRESS) Concordia, Mo.
 20. FILED Sept 2, 1939 Clayton K. Landon
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1939
 22. I HEREBY CERTIFY, That I attended deceased from June 15, 1939 to Sept 1, 1939
 last saw her alive on Sept 1, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Spontaneous Pneumonia
121
 Other contributory causes of importance:
Chronic interstitial nephritis
Malarial fever
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Geo T. J. Jernigan
 (Address) Waverly, Mo.

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.

1 X12004

District File Number 10/3/39

District Health Officer No. 8,

RECEIVED

STATEMENT BY LICENSED EMBALMER

I, E. S. James, Licensed Embalmer No. 2058

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision:

Signed E. S. James

Licensed Embalmer No. 2058

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.)