

Registration District No. 625Primary Registration District No. 8031Registrar's No. 146

1. PLACE OF DEATH:

- (a) County Nodaway
- (b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution
Twenty Five Years (Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Nodaway
- (c) City or town Rural
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME 260 Anna, Mariab, Jaeger
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry, Frank, Jaeger 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 11, 1880
(Month) (Day) (Year)
- | | | | |
|---------------|----------|------|----------------------|
| 8. AGE: Years | Months | Days | If less than one day |
| <u>73</u> | <u>9</u> | | hr. _____ min. |
9. Birthplace West Point, Ia.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Theodore, Ott
13. Birthplace Belgium
(City, town, or county) (State or foreign country)
14. Maiden name Blunadine Rubler
15. Birthplace Belgium
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mavis, Jaeger
- (b) Address Maryville, Mo.
17. (a) Burial (b) Date thereof Nov. 13, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation St. Mary's, Cem.
18. (a) Signature of funeral director Pries Fur, Co.
- (b) Address Maryville, Mo.
19. (a) 11-12-39 (b) Mavis E. Clardy
(Date received local registrar) (Registrar's signature)
20. DATE OF DEATH: Month November, 11, 1939, day _____, hour _____, minute _____ M.
21. I hereby certify that I attended the deceased from June 4, 39, 1939, to 11-10, 1939; that I last saw her alive on 11-10, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death

Acute arteriosclerosis

Duration

Due to _____

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:

Of operations noOf autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) no
- (b) Date of occurrence _____
- Where did injury occur? _____ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? no (Specify type of place) (e) Means of injury _____23. Signature Conception, Just (M. D. or other) _____

Address _____ Date signed _____

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.....

John W. Price

Licensed Embalmer No. *3229*

P. O. Address *Maryville 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.