

Dr. F. Clarke

FILED FEB 13 1940

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

2400
Do not use this space.

1. PLACE OF DEATH GREENE Registration District No. 376
 (a) County
 (b) Township
 or
 (c) City SPRINGFIELD (d) Street No. 812 S. Jefferson Registered No. 69
 (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 Alice Maen
 (a) Residence, No. 812 S. Jefferson 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 Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 about 27 not known
 OCCUPATION
 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. 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) Shelley, Missouri
 FATHER
 13. NAME Peter Maen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ia.
 MOTHER
 15. MAIDEN NAME Constance Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway
 17. INFORMANT (ADDRESS) Margaret Moen, 812 S. Jefferson, City
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 1-24-40
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alma Schmeier, Springfield, Mo.
 20. FILED 1/24 1940 Chas. B. George, Jr. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22-40
 22. I HEREBY CERTIFY That I attended deceased from Mar. 11, 1937, to Jan. 22, 1940
 I last saw her alive on Jan. 20, 1940. Death is said to have occurred on the date stated above, at 10:30 A.M.
 The principal cause of death and related causes of importance were as follows:
 carcinoma of the ovary with metastases
 Primary, ovary
 Other contributory causes of importance: 44
 Name of operation Laparotomy Date of Mar. 29, 1937
 What test confirmed diagnosis? Pathological 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 f. B. George, Jr. Springfield, Mo. M. D.
 (Signed) (Address) Springfield, 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.

THIS IS A PERMANENT RECORD

APR 27 1968

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.....

Clas C. George

Registered Apprentice No. *204*

working under my personal supervision.

Signed *Wayne Finkbe*

Licensed Embalmer No. *5444*

P. O. Address *Springfield*

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.

X