

STANDARD CERTIFICATE OF DEATH

3451

State File No.

Registrar's No.

34

Registration District No. 5796

Primary Registration District No. 6058

1. PLACE OF DEATH:

(a) County Rolls
 (b) City or town Saverton Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Rolls
 (c) City or town Rolls
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. # 3
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
 year 1940 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw him alive on January 24, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to Generalized Arteriosclerosis

Due to Renality

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

Major findings:
 Of operations _____

Of autopsy _____

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) _____
 (b) Date of occurrence _____
 (c) 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? _____
(Specify type of place) (e) Means of injury

23. Signature Mary M. Boyce (M. D. or other) _____
 Address 510² Bony Date signed 1-26-40

3. (a) PRINT FULL NAME Frederick Louis Mayer 60D

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Theresa 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 19, 1851
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Milwaukee Wis.
(City, town, or county) (State or foreign country)

10. Usual occupation Gardener

11. Industry or business _____

12. Name Charles Clement Mayer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Thomas

15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. C. Mayer

(b) Address R.F.D. # 3

17. (a) Burial (b) Date thereof 1/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal

19. (a) Feb 7 1940 (b) Blanche McFarland
(Date received local registrar) (Registrar's signature)

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.

RECEIVED

District Health Officer No. 10

District File Number ²⁻⁴⁰⁻³⁶¹ FEB 9 1940

Date Filed -----

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 Joseph J. Marsh
Licensed Embalmer No. 3932

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.