

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12716

Registration District No. 870

Primary Registration District No. 615213

State File No. _____
Registrar's No. 6152A

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural, DeWitt Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 yrs - (Specify whether
years, months or days) 231

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. N. West Moundville
(If rural, give location)
(e) If foreign born, how long in U. S. A? 50 years.

3. (a) PRINT FULL NAME Talke, Margaretha Post

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Richard Post 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 27 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Lisha Lisha
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Maria Post
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Richard Lisha
(b) Address Moundville, Mo.

17. (a) burial (b) Date thereof 3/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helbourn Cem.

18. (a) Signature of funeral director Eichinger Funeral Home
(b) Address Nevada, Mo.

19. (a) April 10 (b) Mrs. N.B. Primm
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death Heart Failure
Widow
W. Doctor on case
Due to not known

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 11/11/11

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____
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? Y

While at work? Y (Specify type of place) (2) Means of injury 4

23. Signature W. E. Jones Coroner Mo.
Address Nevada, Mo. Date signed 7/19/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Mandi Schinner

Licensed Embalmer No.

2656

P. O. Address

Nevada 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.