

AY 13 1940

Registration District No. 467Primary Registration District No. 4280Registrar's No. 21

## 1. PLACE OF DEATH:

(a) County Lawrence  
 (b) City or town Aurora  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Kelsey Clinic  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Hour  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days) 9/26

8. (a) PRINT FULL NAME Cornelia Heleana deJager8. (b) If veteran,  
name war \_\_\_\_\_8. (c) Social Security  
No. 443-14-3003

4. Sex Female 5. Color or race W  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years  
 7. Birth date of deceased July 1 1916  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>9</u>	<u>3</u>	hr. _____ min.

9. Birthplace s. Dakota  
(City, town, or county) (State or foreign country)10. Usual occupation Domestic Help11. Industry or business State Sanitarium12. Name John de Jager13. Birthplace Holland  
(City, town, or county) (State or foreign country)14. Maiden name Johanah Jansen15. Birthplace Holland  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature John de Jager(b) Address Lockwood Mo.17. (a) Burial (b) Date thereof 4/8/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lamar Cemetery18. (a) Signature of funeral director J. F. King(b) Address Aurora Mo.19. (a) 4-10-40 (b) R. D. L. ...  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade  
 (c) City or town Lockwood  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. 1  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1940 hour 1 minute P. M.21. I hereby certify that I attended the deceased from April 4  
1940, 12 Noon to April 4, 1940,  
that I last saw her alive on April 4, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Pulmonary Edema  
from acute heart failure  
Due to Casaway Thrombosis

Duration

1 hour

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations NoneOf autopsy None

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 Dr. Kenneth L. Kellogg (M. D. or other) M.D.  
Address 16 E. Laurel St. Date signed 4/6/40

RECEIVED

District Health Officer No. 6,

District File Number 540-1282

Date Filed MAY 10 1940

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**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

*Herman Surridge*

Licensed Embalmer No. 3072

P. O. Address Aurora 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.**