No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18236

State File No.

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 113

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Osage
(c) City or town: O (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.

3. (a) PRINT FULL NAME: Ida Hresel 1.24
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife: Louis Hresel
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: Sept (Month) 8 (Day) 1895 (Year)

8. AGE: Years 44 Months 8 Days 28 If less than one day hr. min.

9. Birthplace: Westphalia - Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Chris Schneider
FATHER 13. Birthplace: Osage Co Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Clara Rohagen
MOTHER 15. Birthplace: Osage Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Louis Hresel
(b) Address:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Freburg
18. (a) Signature of funeral director: Morton Funeral Home
(b) Address: Linn Mo
19. (a) 5/3/40 (Date received local registrar) (b) D V Bedford M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day first year 1940 hour 8 minute 20 P.M.
21. I hereby certify that I attended the deceased from April first, 1940, to May 1, 1940, that I last saw her alive on May 1st, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism — Duration
Due to: Post-operative complication following Gastro-enterostomy
Due to: Pyloric Stenosis
Caused by: Carcinoma of the
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Bile ducts
Of autopsy: Ca of Bile ducts
Chronic Pancreatitis

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: H. Assman (M. D. or other) MD
Address: Jefferson City Date signed 5-3-40

(Licensed Embalmer's Statement on Reverse Side)

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 Vernon Morton

Licensed Embalmer No. 4425

P. O. Address Lenin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.