

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18715

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether
In this community 35 Years
years, months or days)

3. (a) PRINT FULL NAME Augusta Mahrle 640

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

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

6. (b) Name of husband or wife Oscar M. Mahrle 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased August 21 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Dahlgreen

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

14. Maiden name No Record

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

16. (a) Informant Oscar Mahrle

(b) Address 1814 Joplin St., Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-40
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director HURBUT UND CO

(b) Address 212 Joplin St., Joplin, Mo

19. (a) 5-28-40 (Date received local registrar) (b) Ed S. Jarnay (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1814 Joplin Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1940 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 19 1940, to May 23 1940, that I last saw her alive on May 23 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Multiple emboli - to brain and extremities Duration 12 hrs.

Due to Arterial fibrillation with mural thrombi 4-15-40

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

Major findings: Of operations May 3 1940 - Amputation left leg - fracture with a lower third
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? 372
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature O. T. T. Blauke (M. D. or other) 1741
Address Joplin, Mo. Date signed 5-25-40

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

19
7
5

40-6-141

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 Steve D Parker

Licensed Embalmer No. 2348

P. O. Address Yonkers, NY

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.