

SEP 16 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28752

Registration District No. 404

Primary Registration District No. 5558

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Jackson *Waldol*
(b) City or town Waldo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8112 Olive *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 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County Jackson
(c) City or town Waldo
(If outside city or town limits, write "RURAL")
(d) Street No. 8112 Olive
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from December
6th, 1936 to August 14, 1940
that I last saw her alive on August 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Endocarditis
4 years

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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? 364

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature R. C. Pray (M. D. or other) _____
Address 404 1/2 W 15th Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Henrietta M. Fessler *246*

3. (b) If veteran, name war _____ 3. (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 Wm. H. Fessler 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased: March 16, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 28 _____ hr. _____ min.

9. Birthplace Toronto Canada *2*
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name ----- Hamm

13. Birthplace No record *9*
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Johnson

15. Birthplace Toronto Canada *2*
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Hansen

(b) Address 8112 Olive

17. (a) burial (b) Date thereof 8-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Dates Funeral Home

(b) Address Kansas City, Kansas

19. (a) 8-25-40 (b) R. V. Ludwig, Iowa
(Date received local registrar) (Registrar's Signature)

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

MOTHER FATHER

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.....

D. Ross Blanford

Licensed Embalmer No. *4015*

P. O. Address *4148 State Line*

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, fact should be so stated above.