

FILED OCT 18 1940

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Franklin County
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 66 yrs. 7 mo. 21 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 217 N. 5th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. none years.

3. (a) PRINT FULL NAME JULIA MARQUART

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Marta Marquart 6. (c) Age of husband or wife if alive none years

7. Birth date of deceased Feb. 3 - 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business none

12. Name Herman Kimmelberg

13. Birthplace Hopewell Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Francis Halkenbush

15. Birthplace Warren County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Lawrence

(b) Address Washington Mo.

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

(c) Place: burial or cremation Washington Mo.

18. (a) Signature of funeral director Otto Red

(b) Address Washington Mo. 270

19. (a) Oct. 25 - 1940 (b) H. A. May
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1940 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from June 16 1940 to Sept 24 1940 that I last saw her or alive on Sept 23 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chr.

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

PHYSICIAN
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? _____

While at work? _____ (Specify type of place) _____ (c) Means of injury _____
23. Signature Frank G. Mays (M. D. or other) MD
Address 311 5th St., Washington, Mo. Date signed 9-24-40

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

Ernest A. Allen, Registered Apprentice No. _____

working under my personal supervision.

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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.