. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

FILED DEC 11 1940

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40015

Registration District No. 884 Primary Registration District No. 6176 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Marthasville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 51 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren

(c) City or town Marthasville (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

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(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rosa A. Kehr

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife F. W. Kehr

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Dec. 13 (Month) 1867 (Day) (Year)

8. AGE: Years 72 Months 9 Days 23 If less than one day hr. min.

9. Birthplace La Salle County, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name S. T. Jones

13. Birthplace Schenectady (City, town, or county) New York (State or foreign country)

MOTHER 14. Maiden name Sarah Terry

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

16. (a) Informant E. C. Kehr.

(b) Address Marthasville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Marthasville, Mo.

18. (a) Signature of funeral director Fred Wiehtenberg

(b) Address Marthasville Missouri

19. (a) Oct 6 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 6 day ~~1940~~ year 1940 hour 9 35 minute P. M.

21. I hereby certify that I attended the deceased from April 1, 1936, to Oct 6, 1936, that I last saw her alive on Oct 6, 1936 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonitis	1 day
Due to Pyelonephritis	2 weeks
Due to Gastro enteritis	3 weeks
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 W. Schmidt (M. D. or other)

Address Marthasville Mo Date signed 10-6-40

(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 Fred W. Lichtenberg

Licensed Embalmer No. 1327

P. O. Address Marthasville 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.