No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

42215

State File No.

FILED JAN 13 1941

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 324

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

**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. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 4 Weeks (Specify whether
In this community years, months or days) 1

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cole

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

(d) Street No. R. F. D. #
(If rural, give location)

0
(e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME Catherine Gertrude Prenger

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 Married

6. (b) Name of husband or wife John Prenger 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 13 (Day) 1874 (Year)

8. AGE: Years 66 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Wardsville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home 0

MOTHER FATHER
12. Name John Rolling 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Prenger
(b) Address Wardsville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Stanislaus Cem. Wardsville, Mo

18. (a) Signature of funeral director John F. Heinlein
(b) Address 712 E. High, J. C. Mo.

19. (a) 12/11/40 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month ~~11-20~~ day Dec. 7
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 11-20
, 1940, to , 19 ;
that I last saw her alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration 1 yr

Due to Myocarditis

Due to Cardio vascular disease

Other conditions (Include pregnancy within 3 months of death) 126

Major findings: Of operations Cholesthiasis
Hepatic cirrhosis

Of autopsy no

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 M R Aldridge (M. D. or other) MD
Address Jefferson City Mo Date signed 12/9/40

(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 John F. Heinrich

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

**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, fact should be so stated above.**