

FILED FEB 14 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

49
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 2015 Kentucky 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 59 years
years, months or days)

3. (a) PRINT FULL NAME SOPHIE RENZIEHAUSEN MERTZ

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 2 widowed

6. (b) Name of husband or wife James Mertz 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 18 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Renziehausen

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

14. Maiden name Johanna Dahm

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

16. (a) Informant Algie E. Mertz

(b) Address 2015 Kentucky, Joplin, Mo.

17. (a) Burial (b) Date thereof Jan 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director Lansley Mortuary
(b) Address 1502 Joplin St. Joplin, Mo.

19. (a) 1-9-41 (b) Ed E. James
(Date received local registrar) (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. 2015 Kentucky
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 7 1941 to Jan 7 1941
that I last saw him alive on Jan 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral arteriosclerosis
(Arterio-sclerotic)

Duration 3

Due to _____
Due to _____

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

Major findings: Of operations ✓
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? 372

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Kath. E. Keff (M. D. or other) MD
Address Joplin, Mo. Date signed 1/8/41

41-2-134

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 F. M. Jones
Licensed Embalmer No. 21319
P. O. Address Josephine and

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.