

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3478

State File No. _____

Registration District No. 1093

Primary Registration District No. 4336

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Monteau

(b) City or town Clarksburg

(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 _____)

In this community 40 year years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monteau

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

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

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

3. (a) PRINT FULL NAME Mary Jane Felger

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22 year 1941 hour 8 minute 7 M.

21. I hereby certify that I attended the deceased from Nov. 3 to Jan. 22, 1941, that I last saw her alive on Jan. 22, 1941, and that death occurred on the date and hour stated above.

4. Sex Female race W 5. Color or race W

6. (a) Single, widowed, divorced, Widowed

6. (b) Name of husband or wife Abraham 6. (c) Age of husband or wife if alive _____ years (Day) _____ (Year) _____

7. Birth date of deceased: Aug (Month) 15 (Day) 1851 (Year)

Immediate cause of death Atherosclerosis

Duration _____

8. AGE: Years 89 Months 5 Days 22 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: _____

12. Name Thelma Hogg

Of operations _____

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

Of autopsy _____

14. Maiden name Sally

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

16. (a) Informant John Hogg

(b) Address Clarksburg Mo

17. (a) Burial (b) Date thereof 1/25/41 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director Thelma Hogg

(b) Address Clarksburg Mo

19. (a) 1-22-41 (b) J. G. Martin (Date received local registrar) (Registrar's signature)

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? Y (Specify type of place) (e) Means of injury FD

23. Signature J. G. Martin (M. D. or other) MD

Address Clarksburg Date signed 1/24/41

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 H. E. Freedmeyer
Licensed Embalmer No. 2854
P. O. Address California 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, fact should be so stated above.