

FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3747

Registration District No. 657

Primary Registration District No. 5874

Registrar's No. 1

1. PLACE OF DEATH: Perry. Co.  
 (a) County Perry. Co.  
 (b) City or town Berkeley Mo  
 (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 \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Anna M. Detjen  
 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 Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug. 12 1898  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 3 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Peter Detjen  
 13. Birthplace Hanaover Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Margaret Ann Robom  
 15. Birthplace Hanaover Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant John H. Hilpert  
 (b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Jan 17-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Frohana, Mo.

18. (a) Signature of funeral director Young & Sons  
 (b) Address Perryville, Mo

19. (a) 1-16-1941 (b) Joseph S. Schmidt  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Perry  
 (c) City or town Frohana Rural  
 (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. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 -  
 year 1941 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from 3-1- 1940 to 1-15 1941  
 that I last saw him alive on 12-1- 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis

Due to 91  
 Due to \_\_\_\_\_

Other conditions infirmitates of old age  
 (Include pregnancy within 3 months of death)

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?  
502 (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. P. Paisley (M. D. or other) D  
 Address Frohana Mo Date signed Feb 2 41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

998

**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 *Wallace Young*

Licensed Embalmer No. *4027*

P. O. Address *Perryville 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.