

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11:37 P 94677
State File No. 94677

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 10

8
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Judith Anne Deutsch

3. (b) If veteran, name war _____ 3. (c) Social Security No. No

4. Sex F 5. Color or race _____ 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased January 9, 1941
(Month) (Day) (Year)

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

9. Birthplace Nevada 0 Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Milton H. Deutsch
13. Birthplace Atchison, Kan.
(City, town, or county) (State or foreign country)
14. Maiden name Helen E. Green
15. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record
(b) Address Nevada Mo.

17. (a) Removal (b) Date thereof Jan. 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Atchison Kan.

18. (a) Signature of funeral director Marshall E. Kitzinger
(b) Address Nevada Mo.

19. (a) Jan 11, 1941 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon 108
(c) City or town Nevada 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1941 hour 2:00 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 9
1941 to Jan 10, 1941;
that I last saw her alive on 1-10-41, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth 28 weeks

Due to _____
Due to 154

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration
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? 705
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 0
Address _____ Date signed 1-11-41

RECEIVED

District Health Officer No. 7,
District File Number 2-41-213
Date Filed 7-5-41

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.....

Marsh Leiberger

Licensed Embalmer No.....

2656

P. O. Address.....

Nevada 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.