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K23159

Dr. Rambo

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6714**
Registrar's No. **45**

ED MAR 14 1941

Registration District No. **213**

Primary Registration District No. **3014**

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital (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 63 years years, months or days)

3. (a) PRINT FULL NAME Emma Barbara Mayens

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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 December 8 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 1 29 hr. min.

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

10. Usual occupation Grocery Merchant

11. Industry or business _____

12. Name Jacob Mayens

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

14. Maiden name Margaret Koehler

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

16. (a) Informant P. C. Mayens

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Feb 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos. J. Codon

(b) Address Jefferson City, Missouri

19. (a) 2/2/41 (b) Dr. Rambo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole J.C.
(c) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 918 East High Street 4
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6th
year 1940 hour 11:10 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Feb 5
1941 to Feb 6th 1941
that I last saw her alive on Feb 6th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Bronchial Pneumonia

Due to Pro-lapse of Rectum

Due to Pro-lapse of Uterus

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

Major findings: _____
Of operations No operations

Of autopsy No 107

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. Rambo (M. D. or other) MD
Address Jefferson City, Mo Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....
.....
working under my personal supervision.

Registered Apprentice No.

Signed *Thop J Gordon*

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City 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.