

No. 2
4-13-40
5-17-39
DI X23155

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10548

Registrar's No. 24

Registration District No. 266

Primary Registration District No. 5378

3300
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Dent
(a) County
(b) City or town: Watkins Rural
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Dent 33
(c) City or town: Rural - Watkins 0
(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.: 0 years

3. (a) PRINT FULL NAME: John W. Metsinger
(b) If veteran, name war:
(c) Social Security No.:

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 5 year 1941 hour 7 minute P.M.

4. Sex: M Color or race: W
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Orla Metsinger
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: 2 23 1869 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-5-40, 19, to 3-5-41, 19, that I last saw him alive on 3-4-41, 19, and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 0 Days 12 If less than one day hr. min.

Immediate cause of death: Ectopic pregnancy
Due to: pregnancy
Due to: 94

9. Birthplace: Dent Co, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy:

MOTHER FATHER
11. Industry or business:
12. Name: Felix Metsinger
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Kain
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

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

16. (a) Informant: Orla Metsinger
(b) Address: Salina, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 7 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Sherman Cem.
18. (a) Signature of funeral director: Hobson & Shaulkam
(b) Address: Salina, Mo.
19. (a) 3-21-41 (Bureau-received local registrar) (b) A. E. Kuttler (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? (Specify type of place) (e) Means of injury: 240
23. Signature: J. D. ... (M. D. or other) D.O.
Address: Salina, Mo. Date signed: 3-6-41

RECEIVED

District Health Officer No. 5,

District File Number 4415-14

Date Filed _____

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 _____

N. D. Hobson

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

N. D. Hobson

Licensed Embalmer No. _____

928

P. O. Address _____

Salem 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.