

FILED JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

M. Moody
State File No. 18116

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jelen Mo.
(c) Name of hospital or institution: St. Edna Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 4 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee
(c) City or town Baxter Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 1016 1/2 military
(If rural, give location) ✓
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1941 hour 3 minute 12 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw her alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute hypostatic pneumonia

Due to _____

Due to _____

Other conditions: _____
(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? _____

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

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed [Signature]

Physician

[Signature]

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Jarret Carlene Dinger

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 Oct 21 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 7 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Baxter Springs 1. Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Andrew Dinger

13. Birthplace 1. Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Mauda Wene

15. Birthplace 1. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Wene

(b) Address Baxter Springs Mo

17. (a) [Signature] (b) Date thereof 5-29-41
(Month) (Day) (Year)

(c) Place: burial or cremation Kansas

18. (a) Signature of funeral director Harveys

(b) Address Baxter Springs Mo

19. (a) 6-2-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

41-6.543

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.....

Licensed Embalmer No.....

P. O. Address.....

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.