

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31984

State File No.

Registration District No. 542

Primary Registration District No. 5731

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Maries  
(b) City or town Rural-Jackson  
(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 30 Minutes  
years, months or days

8. (a) PRINT FULL NAME Mary Wansing

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Single  
divorced

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

7. Birth date of deceased Sept. 18, 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
hr. 30 min.

9. Birthplace Maries County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Wm. Wansing  
13. Birthplace Maries County Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Matilda Falter  
15. Birthplace Osage County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Wansing  
(b) Address Vienna, Mo.

17. (a) Burial (b) Date thereof Sept. 20, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna Cemetery

18. (a) Signature of funeral director J. C. Howard

(b) Address Vienna, Mo.

19. (a) (Date received local registrar) (b) Mrs. Louis Peake  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 6.3  
(c) City or town Rural-Jackson  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural-Jackson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18  
year 1941 hour 6 minute 45 p. M.

21. I hereby certify that I attended the deceased from Sept 18 1941 to Sept 18 1941  
that I last saw her alive on Sept. 18 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Failure of the foramen ovale to close

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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?

While at work? (Specify type of place) (a) Means of injury 2

23. Signature J. C. Howard (M. D. or other) D. O.  
Address Vienna, Mo. Date signed 9/20/41

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

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**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.**