

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 4 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34727

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 306

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City.
(c) Name of hospital or institution St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME John Mengwasser

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

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

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

7. Birth date of deceased January 2, 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Rich Fountain, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Urbis Mengwasser

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

14. Maiden name Sophia Dryette

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

16. (a) Informant Henry Mengwasser

(b) Address Rich Fountain Mo

17. (a) Burial (b) Date thereof 10-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rich Fountain Mo

18. (a) Signature of funeral director Morton Funeral Home

(b) Address _____

19. (a) October 24 (b) Norma Rich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town Rich Fountain, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1941 hour 12 minute A. M.

21. I hereby certify that I attended the deceased from August
1941 to October 1941;
that I last saw him alive on October 21 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Superior mesenteric artery
Due to Varicose ulcers of rt. leg
Other conditions 99!
(Include pregnancy within 3 months of death)

Major findings: Of operations thrombosis of sup. mes. artery
Of autopsy no

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. H. Burns (M. D. or other) _____
Address Central Trust Bldg Date signed Oct 23

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Vernon M. Moston

Licensed Embalmer No.....

4125

P. O. Address.....

Lynn

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.