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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34745

FILED NOV 11 1941

Registration District No. 278 — Primary Registration District No. 3015 — Registrar's No. 129

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three weeks (Specify whether years, months or days)

In this community Three weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town Tipton 2 (If outside city or town limits, write "RURAL")

(d) Street No. West Morgan 0 (If rural, give location)

(e) Citizen of foreign country? No (~~Yes or~~ No)

If yes, name country

3. (a) PRINT FULL NAME FREDA-ELLEN-HAINEN

3. (b) If veteran, name war No

3. (c) Social Security No None

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ed Hainen

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased July (Month) 6th (Day) 1897 (Year)

8. AGE: Years 44 Months 2 Days 29 If less than one day - hr. - min.

9. Birthplace Tipton (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name V. A. Wolf
13. Birthplace Tipton (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name DOSHIA-SNORGRASS
15. Birthplace Tipton (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Ed Hainen

(b) Address TIPTON-MO

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-5-41 (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem Tipton Mo

18. (a) Signature of funeral director Jennie E. Richards

(b) Address Tipton Mo

19. (a) 10-6-41 (Date received local registrar) (b) D E Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-5-41 Oct. 5 day year 1941 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from 1938, 19__, to 10-5-41, 19__; that I last saw her alive on 10-5-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	3 Y
Due to Mitral Heart Disease	?
Due to Rheumatic Heart Disease	?
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

95 b

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature A. C. van Ravenswaay (M. D. or other) MD

Address Boonville Mo Date signed 10-5-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 11-8-61
Date Filed

STATEMENT BY LICENSED EMBALMER

Will be Embalmed by me upon arrival Funeral Home Tipton

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by me~~, or by me

, Registered Apprentice No.

working under my personal supervision.

Signed Jerrice E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.