. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

Registration District No. 423

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5578

State File No. 42264

Registrar's No. 46

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

50
0
0

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL – ROCK TOWNSHIP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
HOME – NEAR MAXVILLE MO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community about 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON 50

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. ROCK TOWNSHIP – NEAR MAXVILLE
(If rural, give location)

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

If yes, name country Unknown

3. (a) PRINT FULL NAME MARY MATHILDA KRIETE

3. (b) If veteran, name war — — —

3. (c) Social Security No. — — —

4. Sex F. 1

5. Color or race W

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

6. (b) Name of husband or wife — — — — — —

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

7. Birth date of deceased NOVEMBER (Month) 22, (Day) 1852 (Year)

8. AGE: Years 89 | Months 1 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Y GERMANY (State or foreign country)

10. Usual occupation NIL.

11. Industry or business .....

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant MRS LIZZIE KRIETE

(b) Address KIMMSWICK MO RR#1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 26 1941 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ ST JOHN'S CEM. BECK, MO

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK Mo.

19. (a) Dec 26 41 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23rd
year 1941 hour 500 ~~PM~~ minute A M.

21. I hereby certify that I attended the deceased from Dec 20 1941, to Dec 23rd 1941;
that I last saw her alive on Dec 22 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Lobar Pneumonia

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

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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?
(Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature Waldo H Will (M. D. or other)

Address Limay R 8 Mo Date signed 12/24/41

(Licensed Embalmer's Statement on Reverse Side)

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 Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Kimmswick 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.