

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution three days
(Specify whether
In this community 59 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 407 West 18th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1942 hour 11:05 minute _____ P.M.
21. I hereby certify that I attended the deceased from Dec. 1
1941 to Jan. 9 1942
that I last saw him alive on Jan. 9 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic pyelitis

Duration
12 hrs

Due to chronic infection of prostate

its use
known

Due to _____

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)
chronic pyelitis

Major findings:
Of operations none performed

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(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 Chas. Berger (M. D. or other)
Address Sedalia, Mo. Date signed Jan 11 1942

3. (a) PRINT FULL NAME John Maron

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mary Klein Moran 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased April 17, 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 22 If less than one day
hr. _____ min. 4

9. Birthplace Metlach, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist (retired)

11. Industry or business Missouri Pacific Shops

12. Name Hermann Maron

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

14. Maiden name unknown Waggoner

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

16. (a) Informant Mrs. Mary Flemming (dau.)

(b) Address 407 West 18th, Sedalia, Mo.

17. (a) Burial (b) Date thereof Jan. 12, '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cavalry Cemetery

18. (a) Signature of funeral director Chas. Berger
(b) Address Sedalia, Missouri

19. (a) Jan 11/42 (b) Mr. Anna Berger
(Date received local registrar) (Registrar's signature)

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

664

1022

RECEIVED

District Health Officer No. 8,

District File Number.....

Local Filed 2-10-42

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.....

John E. Myers

Licensed Embalmer No. 3220

P. O. Address Salina, 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.