

10 MAR 10 1942
Registration District No. 26

Primary Registration District No. 5034

Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico (Rural Salt River)
(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 7 (Specify whether
In this community Since 1903 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 617 S. Abat (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Julia Alice Jerichow

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

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

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

7. Birth date of deceased Sept. 1, 1875 (Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Polk County City, Iowa (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name David Miller 9
13. Birthplace DK (City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace DK (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Adams
(b) Address R #3 Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Clara Amundson
(b) Address Mexico, Missouri

19. (a) 2/13/42 (Date received local registrar) (b) Margaret H Machie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 th year 42 hour 10 P.M minute M.

21. I hereby certify that I attended the deceased from Jan 31, 1942 to Feb. 11, 1942
that I last saw h. RR alive on Feb. 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death infinitesimal old age

Due to Carcinoma of Stomach

Due to

Other conditions 46
(Include pregnancy within 3 months of death)

Major findings: Of operations
- Of autopsy

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) (a) Means of injury

23. Signature John A. Owen (M. D. or other) 2 1942
Address Mexico Mo Date signed 2-13-42

RECEIVED

District Health Officer No. 10

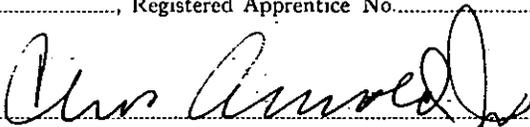
District File Number 10-42-383

Date Filed MAR 11 1942

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. 3569

P. O. Address Michigan Ave

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.