DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1942

Registration District No. 421

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14588

Primary Registration District No. 5576

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County: Jefferson

(b) City or town: Rural Platt in Twp

(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 ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jefferson

(c) City or town: Rural

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

(d) Street No.: DeSoto Mo RR #1

(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Mary E. Statzel

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Fem

5. Color or race: White

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

6. (b) Name of husband or wife: Chris Statzel

6. (c) Age of husband or wife if alive ..... years: 3

7. Birth date of deceased: Nov. (Month) 3 (Day) 1869 (Year)

8. AGE: Years 72 | Months 5 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace: Ruma (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Housework

11. Industry or business .....

MOTHER FATHER

12. Name: Samuel Turley

13. Birthplace: Vineland (City, town, or county) Mo. (State or foreign country)

14. Maiden name: Mary England

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

16. (a) Informant: Dan Statzel

(b) Address: DeSoto Mo RR 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-16-42 (Month) (Day) (Year)

(c) Place: burial or cremation: DeSoto Mo.

18. (a) Signature of funeral director: Fink Und Co.

(b) Address: 222 Main Festus Mo.

19. (a) 4-22-42 (Date received local registrar) (b) W. O'Reilly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 14 year 1942 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from 2/10/43 1942 to 4/14 1942 that I last saw him alive on 4-13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Funeral Information of Age

Due to: Pneumonia with Effusion

Due to: .....

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

Major findings: Of operations .....

Of autopsy .....

Duration: Nov 1941

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 .....

23. Signature: Chas E. Fallert (M. D. or other)

Address: DeSoto Mo Date signed 4/21/42

265 (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 Pounce

Licensed Embalmer No. 3403

P. O. Address Testus Mi

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.

/. S. No. 2B
0M—8-21-41
I X29288

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. 14 6-88

Registration District No. 421 Primary Registration District No. 5576 Registrar's No.

1. PLACE OF DEATH:

(a) County: Jefferson

(b) City or town: Rural
(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 — (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jefferson

(c) City or town: Rural
(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

3. (a) PRINT FULL NAME: Mary E. Statzel

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

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

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Nov. (Month) 3 (Day) 1869 (Year)

8. AGE: Years 72 Months 5 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 14 year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 19 ; that I last saw him alive on 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: General infirmities of age.

Due to: Pneumonia with Opinion (Lobar P.)

Due to:

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

Major findings:
Of operations: 108
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

23. Signature: Chas E. Falk (M. D. or other)
Address Date signed

SUPPLEMENTARY