

FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15140

Registration District No. 660

Primary Registration District No. 5878 5880

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural Salem
(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 68-2-27 (Specify whether years, months or days)
In this community 68-2-27

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(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 0

3. (a) PRINT FULL NAME

Sarah M. Detjen

3. (b) If veteran, name war _____

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 Louis Detjen 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan. 10 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER { 12. Name Herman Koenig
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Mary Jacob
15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Detjen
(b) Address Farrar Mo.

17. (a) Burial (b) Date thereof 4 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farrar Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 4-8-42 (b) O. J. Brumme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1942 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from May 29 1942 to April 7 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 36 hours
Due to Chronic Myocarditis 7 years
Due to Atherosclerosis, General
Other conditions (include pregnancy within 3 months of death) _____

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? _____

23. Signature Theodore Fischer M. D. or other M.D.
Address Altamburg, Mo Date signed 4-8-42

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

1110

ED

District Health Officer No. 4

District File Number 542-6

Date Filed 5-14-42

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 Edward Young

Licensed Embalmer No. 2138

P. O. Address Beverly Hills, 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.