

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

18251

State File No. _____

Registrar's No. 38

Registration District No. 22-1942

Primary Registration District No. 5575

1. PLACE OF DEATH:

(a) County Jefferson
 (b) City or town Rural Joachim Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Myrtle Elsie Ahrens

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

4. Sex Fem. 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Conrad Ahrens 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased Sept. 23 1891
 (Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Matthews
 13. Birthplace Unknown Mo Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Emma Brune
 15. Birthplace St Louis Mo Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Conrad Ahrens

(b) Address REA #1 Festus Mo.

17. (a) Burial (b) Date thereof 5-11-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cemetery

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

(b) Address Festus Missouri

19. (a) May 13, 1942 (b) 91009119
 (Date received local registrar) (Registrar's signature)

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. R.F.D. #2 Festus
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
 year 1942 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Apr 1
1942 to May 8 19 42
 that I last saw h. ex. alive on May 8 19 42
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
1 day

Due to Myocardial
Infarction
3 days

Due to _____

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

Major findings: _____
 Of operations _____

Of autopsy No

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) _____

23. Signature Emmett D. Seay _____

Address Peru, Mo. signed 5/11/42

(Licensed Embalmer's Statement on Reverse Side)

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

50
00

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. 2403

P. O. Address Festus, MS

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.