

Registration District No. 133 Primary Registration District No. 3022

1. PLACE OF DEATH:
(a) County HARRISON
(b) City or town BETHANY
(c) Name of hospital or institution: 1
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison
(c) City or town Bethany
(d) Street No.
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME JACOB JSENBARGER
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10
year 1943 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from 19 to 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

4. Sex M Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary Jsenbarger
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased Dec 8 1854
(Month) (Day) (Year)

Immediate cause of death
Acute Myocarditis
Due to
Due to

8. AGE: Years 88 Months 3 Days 2
If less than one day hr. min.

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

9. Birthplace Penn (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Martin Jsenbarger

13. Birthplace Penn (State or foreign country)

14. Maiden name Martha Stutter

15. Birthplace Penn (State or foreign country)

16. (a) Informant Kate Noble
(b) Address Bethany Mo

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 3 11 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Ridwell Cemetery

18. (a) Signature of funeral director W H Noble
(b) Address New Hampton Mo

19. (a) April 1-1943 (b) Joe M. Burris
(Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Joe E. Wheeler Coroner
Address Bethany Mo Date signed May 4 1943

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

MOTHER FATHER

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.....

W. G. Noble

....., Registered Apprentice No. *7*

working under my personal supervision.

Signed.....

W. G. Noble

Licensed Embalmer No. *2984*

P. O. Address *New Hampton*

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.