

5. No. 2
1-4-45
5-17-39
X2

DEPARTMENT OF COMMERCE
MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17973

Primary Registration District No. 4219

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Hickory
 (b) City or town Wentzleau
 (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
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Hickory
 (c) City or town Wentzleau
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ANNA MARGARET FASTABEND

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.

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

7. Birth date of deceased May 28 1864
 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business own home

12. Name Christopher Mass

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

14. Maiden name Margaret Reithal

15. Birthplace unknown Austria
 (City, town, or county) (State or foreign country)

16. (a) Informant Wm. J. M. Eisenhower

(b) Address 15-946 Vanover Van Nuys Cal

17. (a) Burial (b) Date thereof May 9 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schell City, Mo.

18. (a) Signature of funeral director W. H. Stimm

(b) Address Humanville Mo.

19. (a) May 11-43 (b) Mary E. Castelein
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
 year 1943 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from Last 2 years
 _____, 19____ to May 6, 1943
 that I last saw her alive on May 6, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death a poplexy
 Due to interocclusion _____ years

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: _____
 Of operations _____
 Of autopsy _____

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 W. N. G. R. Easton (M. D. or other) MD
 Address Wentzleau, Mo Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

May 8, 1943

SEP 20 1946

SEP 20 1946

RECEIVED

District Health Officer No. 7,

District File Number 5-43-522

Date Filed 6-11-43

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.....

by me
....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. H. Quinn*.....

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.