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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

ED JUN 11 1943

Registration District No. 57

Primary Registration District No. 5880

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Rural Linn Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 57 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 71

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

(d) Street No. Linn, Mo. R D.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Magdelene Maasen

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 / Married

6. (b) Name of husband or wife Hubert L. Maasen

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased September 9th, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	8	20	hr. min.

9. Birthplace Linn, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Frank Otto
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Christene Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Hubert L. ~~Otto~~ Maasen
(b) Address Linn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Linn, Mo.

18. (a) Signature of funeral director Clyde Morton
(b) Address Box 144, Linn, Mo.

19. (a) 6-4-43 (Date received local registrar) (b) T A Dubrouillet (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th, year 1943 hour 11:30 minute P M.

21. I hereby certify that I attended the deceased from Oct. 1942, to MAY 28, 1943; that I last saw her alive on MAY 28, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Mitral Stenosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 Norman W. Baldwin (M. D. or other) D.O.
Address Linn, Mo. Date signed 6-2-43

(Licensed Embalmer's Statement on Reverse Side)

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

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 Vernon Marton

Licensed Embalmer No. 4125

P. O. Address Linn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.