

18889

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

4-41
5-17-39

FILED JUN 16 1943

Primary Registration District No. 6052

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County St. Clair, Co.

(b) City or town Rural Appleton Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6 mi. S.E. of Montrose Mo. 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 3 2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair

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

(d) Street No. 6 mi. S.E. of Montrose, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME MARY FREDA HEALING

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1943 hour 10 minute 0 M.

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife deceased

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Feb. 10 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1, 1943 to May 1, 1943
that I last saw him alive on April 30, 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>21</u> hr. min.

Immediate cause of death Heart disease

9. Birthplace Prairie Town Ill.
(City, town, or county) (State or foreign country)

Due to Intestinal obstruction
Cancer of rectum
Colostomy

10. Usual occupation Farmers wife

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

11. Industry or business none

12. Name Jacob Liebig

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

14. Maiden name.....

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

Major findings: Of operations H&D

Of autopsy.....

16. (a) Informant Mildred Hering

(b) Address Montrose Mo.

17. (a) (Burial, cremation, or removal)..... (b) Date thereof May 4 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Appleton City, Cemetery

18. (a) Signature of funeral director Wesley Eckhoff

(b) Address Appleton City, Mo.

19. (a) May 4 1943 (b) Allyn Davidson
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury.....

23. Signature R. L. Hansen (M. D. or other) M.D.
Address Appleton City Mo. Date signed 5-7-43

RECEIVED

District Health Officer No. 7,

District File Number 5-43-476

Date Filed 6-8-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. A. Eckhoff.....

Licensed Embalmer No. 3942.....

P. O. Address Appleton City, 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.