

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 13 1948  
949

Registrar's No. 2871

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 2702 Rochester 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 29 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2702 Rochester (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ELODIE MESTAGH

3. (b) If veteran, name was None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1943 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1940, to June 26, 1943

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Brain tumor

Due to Carcinoma of Ovary

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.

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) Means of injury \_\_\_\_\_

23. Signature J. H. Montgomery (M. D. or other) \_\_\_\_\_  
Address 2702 Rochester Date signed \_\_\_\_\_

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

6. (b) Name of husband or wife Charles Mestagh 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 13 1880 (Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Henry Derkins

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

14. Maiden name Romanie De Wach

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

16. (a) Informant Charles Mestagh

(b) Address 2702 Rochester

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Mary

18. (a) Signature of funeral director K. E. M

(b) Address R. E. M

19. (a) 6-28-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

**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

*Francis S. Walton*

Licensed Embalmer No.

*2744*

P. O. Address

*3030 Harrison*

**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.**