

Registration District No. 11V

Primary Registration District No. 2429

1. PLACE OF DEATH:

(a) County FRANKLIN LYON  
 (b) City or town RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Gerald Mo. R.R. 1  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ANNA C. JAEGER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If alive \_\_\_\_\_ years

7. Birth date of deceased FEB 11 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 4 9 hr. \_\_\_\_\_ min.

9. Birthplace GERALD MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

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

12. Name JOHN H. MEYER

13. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

14. Maiden name AMALIA KELLER

15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

16. (a) Informant ANGIE JAEGER

(b) Address Gerald Mo R.R. 1

17. (a) Burial (b) Date thereof JUNE 21 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gerald Mo.

18. (a) Signature of funeral director G. J. Semine

(b) Address Beaufort Mo.

19. (a) 6/21/43 (b) Benjamin  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 20  
 year 1943 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from Nov 3 1942 to June 20, 1943

that I last saw her alive on June 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Valvular Heart Disease

Duration

Not Known

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: No operation

Of operations \_\_\_\_\_

Of autopsy No 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? \_\_\_\_\_  
(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 J. L. Marchewski  
(M. D. or other)

Address Beaufort Mo Date signed 6/21/43

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

36  
00

**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 \_\_\_\_\_

*E. H. Jesime*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*E. H. Jesime*

Licensed Embalmer No.

*3076*

P. O. Address

*Beaufort 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, above space should be left blank.**