

S. No. 2
M-2-43
5-17-39
1 X 350

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED. AUG. 7 1943
Registration District No. 44

Primary Registration District No. 4234

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Dodge

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

(c) Name of hospital or institution: S. Marys of the Ozarks
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois ⁹⁴

(c) City or town Elvina, Mo. R #1
(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 TRESSIA B. JANSEN

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 Widow

6. (b) Name of husband or wife Fred Jansen

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

7. Birth date of deceased Feb. 14 1880
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>63</u> | <u>4</u> | <u>28</u> | hr. _____ min. _____ |

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Frank Mattingly

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

14. Maiden name Mary Moore

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

16. (a) Informant Christopher Jansen

(b) Address Elvina, Mo. R #1

17. (a) Burial (b) Date thereof July 14, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Farmington, Mo.

18. (a) Signature of funeral director Willie Turner

(b) Address Farmington, Mo.

19. (a) 7-13-43 (b) Margaret R. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1943 hour 5 minutes 30 P. M.

21. I hereby certify that I attended the deceased from June 27th 1943 to July 12th 1943
that I last saw her alive on July 13th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure ^{Duration 7/12/43}

Due to hypertension (arterial) and toxic heart ??

Other conditions Chronic cholecystitis, neuritis of neck
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 63 f

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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature R. E. Harland (M. D. or other) M. D.

Address Frontenac, Mo. Date signed 7/13/43

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

RECEIVED

District Health Officer No. 4
District File Number 843-25
Date Filed 8-6-43

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 Bert J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, Me

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.