S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 19[illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25479

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 61

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Macon 61
(c) City or town Macon
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mary C. Fritsch
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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 17 (Month) 1866 (Day) (Year)

8. AGE: Years 76 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name Christian Hahn
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary K Jahlmann
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Fred Robins
(b) Address Macon Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem.
18. (a) Signature of funeral director Albert S Kramer
(b) Address Macon Mo
19. (a) 8/3/43 (Date received local registrar) (b) Nora B Hunckler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1943 hour 1:50 minute a M.
21. I hereby certify that I attended the deceased from June 10 1940, 19 to July 5 1943 that I last saw her alive on July 5 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina pectoris	2 yrs
Due to Cardio-vascular disease	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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)
While at work? (e) Means of injury

23. Signature P. P. Donoway (M. D. or other)
Address Macon Mo Date signed 8/3/1943

1687

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-43-1334
Date Filed AUG 11 1943

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 Albert S Kumm

Licensed Embalmer No. 75 1

P. O. Address Macon 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.