

Registration District No. 257

Primary Registration District No. 5880

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Osaage
(b) City or town Rural Osage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Linn, Mo. R. D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 73 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osaage
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Linn, Mo. R. D.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Marie Mertens

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 Henry Mertens 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 10, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 10 hr. _____ min.

9. Birthplace Rich Fountain, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife.

11. Industry or business _____

12. Name Michael Mengwasser
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Margarete Rudroff
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Steve Mertens
(b) Address Linn, Mo. R. d.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Linn, Mo.

18. (a) Signature of funeral director Clyde Morton
(b) Address Box 144, Linn, Mo.
19. (a) July 21-1943 (Date registered local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th, year 1943 hour 5 minute 45 p. M.

21. I hereby certify that I attended the deceased from June 6, 1943 to July 14, 1943 that I last saw her alive on July 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Gen. Carcinoma
Primary seat of cancer in ovaries.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
49a

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 injury)
(c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 7-23-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Vernon M. Morton
Licensed Embalmer No. 4125
P. O. Address Leim, 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.