

FILED DEC 4 1943

Registration District No. 475-175

Primary Registration District No. 5059 4277

State File No.

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Verona
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Verona Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hosp, 8 days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Henrietta Maxwell

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 Married
6. (b) Name of husband or wife Calvin Maxwell
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Nov. 24 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 10 16 ..hr.min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Dieterich
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Lena Glosser
15. Birthplace Minn.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Dieterich

(b) Address Monett Mo.

17. (a) Burial (b) Date thereof 10/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J.F. King

(b) Address Aurora Mo.

19. (a) 10-11-43 (b) Erinice Greer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Lake
(c) City or town Hammond
(If outside city or town limits, write "RURAL")
(d) Street No. 570 State St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
year 1943 hour 2 minute 35 P.M.

21. I hereby certify that I attended the deceased from October third 1943 to October 10 1943
that I last saw h. ET alive on 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Embolic
Due to 147d
Due to

Other conditions Pregnancy
(Include pregnancy within 3 months of death)

Major findings: Pregnancy
Of operations.....

Of autopsy Embolic and infarction of mesentery

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) (c) Means of injury 2

23. Signature J. Avery Watson M. D. or other Doc.
Address Verona Date signed 10-10-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1143-1244

Date Filed NOV 30 1943

DEC 7 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

Herman M. Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.