

FILED FEB 21 1944

Registration District No. 77

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County COLE
(b) City or town Jefferson City, MO
(c) Name of hospital or institution: Greenbushy Rd. 1
(d) Length of stay: In hospital or institution 1 WEEK
In this community 1 WEEK

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Union, MO
(d) Street No. RD 0
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME

PETE MAASEN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 7th year 1944 hour 12 minute - A.M.
21. I hereby certify that I attended the deceased from Feb 7 1944 to Feb 7 1944 that I last saw h. in alive on Feb 7 1944 and that death occurred on the date and hour stated above.

3. (b) If veteran, name war - 3. (c) Social Security No. -
4. Sex M 5. Color or race W 6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife Cathene Maaesen 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased FEB 22 - 1872

Immediate cause of death Coronary Thrombosis Duration 3 hrs.

8. AGE: Years 71 Months 11 Days 15 If less than one day hr. min.

Due to Arteriosclerosis & Hypertension

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

Other conditions (include pregnancy within 3 months of death) 94a

10. Usual occupation Farmer

Major findings: Of operations 94a Of autopsy 94a PHYSICIAN 94a

11. Industry or business Farmer

12. Name John Maaesen

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

14. Maiden name Mary Walderschmidt

15. Birthplace ON SEA (City, town, or county) (State or foreign country)

16. (a) Informant Mr Peter Maaesen

(b) Address Union, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-44 (Month) (Day) (Year)

(c) Place: burial or cremation Union, MO

18. (a) Signature of funeral director Edith Porter

(b) Address Box 144, Union, MO

19. (a) 2-7-44 (Date recorded local registrar) (b) Theresa Becker (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) X
(b) Date of occurrence X
(c) Where did injury occur? (City or town) (County) (State) X
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X

While at work? (Specify type of place) (e) Means of injury X
23. Signature J R Osmond (M. D. or other) MD
Address Jefferson City Date signed 2-7-44

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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 Norton

Licensed Embalmer No. 4125

P. O. Address Levin, 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.