

No. 2
4-2-43
5-17-39
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FILED FEB 21 1944

State File No.

Registration District No. 174

Primary Registration District No. 3016

Registrar's No. 27

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 716 Harrison Str.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 716 Harrison
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHRISTINE MAHAN

(b) If veteran, name war ✓

(c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1944 hour 1 minute 15 M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married 2 divorced widowed

(b) Name of husband or wife Joseph Mahan 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from NO attendance 19...
that I last saw h... alive on ... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death

8. AGE: Years 53 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation Housewife

Due to Heart Disease
an. nephritis

Due to Gravity

Other conditions 131 P
(Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name ✓

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

Major findings: Of operations 131 P

Of autopsy none

PHYSICIAN ✓
Underline the cause to which death should be charged statistically.

16. (a) Informant Rev. J. A. Vogelsong

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 2/5/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Joseph A. Richter

(b) Address Jefferson City, Mo.

19. (a) 2-4-44 (b) Joseph A. Richter
(Date received local registrar) (Registrar's signature)

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 3 Coroner

23. Signature Edio Mansur (M. D. or other) 2-4-44
Address Jefferson City, Mo. Date signed 2-4-44

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JUN 11 1949

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 Sylvester Quill
Licensed Embalmer No. 4321
P. O. Address Jefferson City, 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.