. S. No. 2
OM—8-43
v. 5-17-39
I X3782

28017

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 400

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

9
2
5

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 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 Since 1926 years, months or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2121 Ua Ave. 5
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country Germany 0

3. (a) PRINT FULL NAME ANNA BERTHA FEHRING

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Herman Fehring

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Feb. (Month) 20 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	6	14	hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Emma Smelser
(b) Address 2121 Ua Ave Joplin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17 44 (Month) (Day) (Year)
(c) Place: burial or cremation Muncy Chapel Wheaton Mo

18. (a) Signature of funeral director Wm Morris Pogue
(b) Address Wheaton, Mo.

19. (a) 8-15-44 (Date received local registrar) (b) Gertrude Smelser (Registrar's signature)

1204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1944 hour 19 minute 55 P.M.

21. I hereby certify that I attended the deceased from Aug 7, 1944, to Aug 14, 1944; that I last saw her alive on Aug 14, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death General Arterio Sclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

97

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 0

23. Signature W. S. Loveland (M. D. ~~or other~~)

Address Joplin Mo Date signed 8-15-44

(Licensed Embalmer's Statement on Reverse Side)

44-8-671

SEP 25 1940

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 Wm Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheeler, 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.