

FILED MAY 2 1945

Registration District No. _____

Primary Registration District No. 3036

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
428 East Church St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Eva Werdein

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 Widowed

6. (b) Name of husband or wife John Werdein

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

7. Birth date of deceased: Sept 12 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>5</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name William Lentz

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

14. Maiden name Not known

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

16. (a) Informant Mrs Alma Darnold

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 3/7/45
(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) 3-7-45 (b) Cornelia Green
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

(d) Street No. 428 East Church St
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1945 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from December 31, 1944, to March 5, 1945, that I last saw her alive on March 5, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure 2 wks.

Due to _____

Due to _____

Other conditions Acute tubular 1 month
(Include pregnancy within 3 months of death) Cystitis & Pyelitis 6 months

Major findings: None

Of operations _____

Of autopsy none

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? _____ (c) Means of injury _____

23. Signature Kenneth L. Kelsey (M. D. or other) M.D.

Address Aurora Mo. Date signed 3/7/45

RECEIVED

District Health Officer No. 6,

District File Number 445-461

Date Filed APR 19 1945

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 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.