

FILED JAN 11 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **40989**

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **300**

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
315 East Miller Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole **26**
(c) City or town Jefferson City **5**
(If outside city or town limits, write "RURAL")
(d) Street No. 315 East Miller Street **4**
(If rural, give location)
(e) Citizen of foreign country? no **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Alice Petershagen

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Henry Pershagen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 16 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 9 10 hr. min.

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

10. Usual occupation Dressmaker

11. Industry or business _____

12. Name John Ott **0**

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

14. Maiden name Elizabeth Kautsch

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

16. (a) Informant Walter A. Ott

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Dec-29-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Thos. J. Coram

(b) Address Jefferson City, Missouri

19. (a) 1-3-46 (b) R. P. Harris, MD.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day Monday **28-40**
year 1945 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from Dec 20
Dec 21 to Dec 27, 1945

that I last saw her alive on December 26, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic nephritis

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 1318

Duration

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?

While at work? _____ (Specify type of place)
_____ (Specify means of injury)

23. Signature James Stewart (M. D. or other)

Address 1909 24 Main St Date signed 1-28-45

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

6
5
4

1431

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

1-10-46

JAN 14 1946

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

Joseph J. Gordon

Licensed Embalmer No. 1786

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.