

No. 2  
1-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41861

State File No. \_\_\_\_\_

FILED JAN 14 1946

Registration District No. 210

Primary Registration District No. 5776

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Washington

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

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

In this community all her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nettie A. Franstermacher

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1945 hour 4:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 30, 1945 to Dec 30, 1945  
that I last saw her alive on Dec 28, 1945  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife J. N. Franstermacher 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 16 1878  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis  
both lungs

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

67 9 17 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Owen

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

14. Maiden name Logan

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy none

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Howard Franstermacher

(b) Address Mill street, mo

17. (a) Burial (b) Date thereof Jan 1 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem

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? \_\_\_\_\_

18. (a) Signature of general director Walter Ross

(b) Address Director

19. (a) 1-1-45 (b) Loan Martin  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature W. M. Perry (M.D. or other) \_\_\_\_\_

Address Precedon mo Date signed 1/31-46

1367 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 11,  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

**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 me

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Paul Moss

Licensed Embalmer No. 2634

P. O. Address Princeton, N.J.

**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.**