

No. 2
4-5-43
5-17-39
I X36677

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10078
Registrar's No. 7

FILED APR 2 1946

Registration District No. _____ Primary Registration District No. 4318

1. PLACE OF DEATH:

(a) County Maries

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

In this community entire life (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Anna Marie Haggerty

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1946 hour 7 minute 07 P.M.

21. I hereby certify that I attended the deceased from 2/24/46
19____ to 2/24/46 19____

that I last saw her alive on 2/24/46 19____
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 widowed

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

7. Birth date of deceased August 13 1871
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>74</u> | <u>6</u> | <u>13</u> | hr. _____ min. _____ |

9. Birthplace Rich Fountain Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Peter Redel

13. Birthplace Rich Fountain Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Eva Dill

15. Birthplace Rich Fountain, Mo. 0
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Peter Haggerty

(b) Address Vienna, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 22 '46
(Month) (Day) (Year)

(c) Place: burial or cremation Vienna, Mo.

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 funeral director [Signature]

(b) Address Vienna, Missouri

19. (a) 3-6-46 (Date received local registrar) (b) Pauline Howard (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature W. H. Moore (M. D. or other) P.O.

Address Argyle, Mo. Date signed 2/25/46

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

1003

5060

188

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-1-46

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 A. C. Birmingham
Licensed Embalmer No. 13664
P. O. Address Merina 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.