

FILED 377 8 1946

Registration District No. 377

Primary Registration District No. 5749

Registrar's No. 10

1. PLACE OF DEATH

(a) County Pike
(b) City or town St. Clements
(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 _____
years, months or days

3. (a) PRINT FULL NAME MARY ANN DETERS

3. (b) If veteran, name war: 120 3. (c) Social Security No. 70125

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife HERMAN T. DETERS 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July 20 1876
(Month) (Day) (Year)

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

9. Birth Appledorn, Hanover, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Berhard Pick

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

14. Maiden name Agnes Eritsch

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

16. (a) Informant Henry Deters

(b) Address Bowling Green Mo.

17. (a) Burial (b) Date thereof Feb. 15 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clements Mo.

18. (a) Signature of funeral director Grace Banfield

(b) Address Bowling Green Mo.

19. (a) 3-1-46 (b) J. Bill Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Pike 82
(c) City or town Bowling Green
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1946 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Apr 28 1946 to Feb 12 1946
that I last saw her alive on Feb 11 1946
and that death occurred on the date and hour stated above.

Immediate Cause of death Coronary occlusion
Due to arteriosclerosis

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

Major findings: None
Of operations _____
Of autopsy None

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) (e) Means of injury _____

23. Signature Kieger, Darryl (M. D. or other) _____
Address Bowling Green, Mo. Date signed 2/14/46

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

SEP 11 1961

RECEIVED

District Health Officer No. 10

District File Number 3-46-529

Date Filed MAR 16 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 Grace M. Densford

Licensed Embalmer No 2204

P. O. Address Bowling Green, 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.