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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

17496

FILED JUN 12 1946

STANDARD CERTIFICATE OF DEATH

State File No. 17496

Registration District No. 240

Primary Registration District No. 5826

Registrar's No. 20

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural Latant
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Portageville, Mo
(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 Emma Priggel

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 2
6. (b) Name of husband or wife Herman Priggel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 27 1858
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name Michael Fox
13. Birthplace County Cork Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Finn
15. Birthplace County Cork Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Hulshof
(b) Address Portageville, Mo.

17. (a) Removal (b) Date thereof May 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Nami D. Lale
(b) Address Portageville Mo

19. (a) May 21-1946 (b) H. J. Ronder Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from October 10
9 to May 20 1946
that I last saw her alive on May 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to chr. nephritis
Due to _____

Duration 2da
6 yrs

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

Major findings: Of operations _____
Of autopsy _____
1318

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 John Killian (M. D. or other) _____
Address Portageville Mo Date signed 5-26-46

218 (Licensed Embalmer's Statement on Reverse Side)

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

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..... ✓

..... ✓
working under my personal supervision.

Registered Apprentice No. ✓

Signed *Leonard J. Vargo*.....

Licensed Embalmer No. *4336*.....

P. O. Address. *Portageville 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.