S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29952

FILED SEP 16 1946

Registration District No. 3020 Primary Registration District No. 3020 Registrar's No. 87

1. PLACE OF DEATH:

(a) County Franklin.

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

(c) Name of hospital or institution: St. Francis Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days. (Specify whether
In this community 53 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington 6
(If outside city or town limits, write "RURAL")

(d) Street No. 12 W. 3rd St. 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME Mary Dorothy Jasper.

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~xxxx~~ Rudolph M. Jasper

6. (c) Age of husband ~~xxxx~~ if alive 54 years

7. Birth date of deceased June (Month) 16th, (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	2	15	hr. min.

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

10. Usual occupation House-work.

11. Industry or business x

FATHER
12. Name John Averbeck. 0
13. Birthplace Washington, (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Wieisel, 0
15. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Rudolph M. Jasper
(b) Address Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4, 1946. (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Vitt, Inc.
(b) Address Washington, Mo.

19. (a) 9/4/46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st. year 1946 hour 10:00 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug 9, 46, 19..., to Sept 1, 46, 19...; that I last saw her alive on Sept 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic Ileus following Histerectomy

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13913

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address Washington Mo Date signed Sept 4 46

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. P. Post

RECEIVED
District Health Officer No. 9,
District File Number 9-46-83
Date Filed 9-9-46

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 me

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

Signed A. Gilbert

Licensed Embalmer No. 2387

P. O. Address Washington 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.