

No. 2
12-45
-17-39
X47070

FILED NOV 1 1946

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Madison
(b) City or town General Washington
(c) Name of hospital or institution: St. Joseph Hospital #3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 yrs & 9 dms
In this community 31 years, 5 months & 9 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 108
(c) City or town Smithton
(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 October day 23
year 1946 hour 7 minute 40 M.
21. I hereby certify that I attended the deceased from 8-13-1946 to 10-23-1946
that I last saw him alive on 10-22-1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis -
retrolatic heart disease
Duration:

3. (a) PRINT FULL NAME PILLIE MAHNKEN
3. (b) If veteran, name war: ✓
3. (c) Social Security No. ✓

4. Sex Female 5. Color of hair White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased: July-21-1891
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 2
If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business:

MOTHER FATHER
12. Name Herman Mahoken #
13. Birthplace Germany #
14. Maiden name Margaret A. Mahoken
15. Birthplace Germany #
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital records
(b) Address Nebraska, Mo.

17. (a) Removal (b) Date thereof at 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo.

18. (a) Signature of funeral director Ray Funeral Service
(b) Address Nebraska Mo.

19. (a) 10-25-46 (b) Walker Harvey
(Date received local registrar) (Registrar's signature)

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

Major findings: ✓ 937
Of operations: ✓
Of autopsy:

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)

23. Signature W. H. Hall (M.D. or other) 10-25-46
Address Nebraska Mo. Date signed

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

RECEIVED

District Health Officer No. 7,

District File Number A-46-2001

Date Filed 10-28-46

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 Allen O. Keys

Licensed Embalmer No. 1968

P. O. Address Nevada 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.