S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35930

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 74

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Jonesburg (Rural-Elkhorn)
(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 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 107

(c) City or town Jonesburg (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Fannie L. Litsch

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex female /

5. Color or race white

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

6. (b) Name of husband or wife Ray E. Litsch

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased September 1, 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	1	26	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Robert F. Shaw /
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Mollie R. Needy /
15. Birthplace (City, town, or county) West Virginia (State or foreign country)

16. (a) Informant Ray E. Litsch
(b) Address R.F.D. Jonesburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-46 (Month) (Day) (Year)
(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.
(b) Address Warrenton, Mo.

19. (a) 11-2-46 (Date received local registrar) (b) Mrs. Fred Morsey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1946 hour 9:45 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1946 to Oct. 27 1946
that I last saw her alive on Oct. 1st 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Chronic Cirrh

Due to Chronic Nephritis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

124 B

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? /
(Specify type of place)

While at work? (e) Means of injury 2

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

Address Jonesburg, Mo. Date signed Oct 28, 46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/4/46

1947

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 John Thieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.