S. No. 2
M—8-43
. 5-17-39
I X37823

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. 3864

FILED FEB 20 1947

Registration District No. 76 Primary Registration District No. 5037 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico Rural Salt River
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. 1 Trolley Heights
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain

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

(d) Street No. R. #1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Bertha Ann Mongler

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. 1, 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	1	6	hr. min.

9. Birthplace Alhambra, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name George Doebelin

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

14. Maiden name Elizabeth Smith

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

16. (a) Informant Joe Mongler

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/47 (Month) (Day) (Year)

(c) Place: burial or cremation Laddonia, Mo.

18. (a) Signature of funeral director Cris Arnold

(b) Address Mexico, Mo.

19. (a) 2/9/47 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1947 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan, 1941, to Feb. 7, 1947; that I last saw h. e. R. alive on Jan 26, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis	

Major findings:
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)

(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

23. Signature John A. Owens (M. D. or other) do.

Address Mexico Mo Date signed 2-7-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-47-375
Date Filed FEB 19 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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.