

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5795

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 23

1. PLACE OF DEATH:
 (a) County Palmer
 (b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Waynesville General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County W
 (c) City or town _____
(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 Audrey Ann Mertens
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 21
 year 1947 hour 1 minute 15 P.M.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 14 1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 14, 1947, to Feb. 21, 1947, that I last saw h.e.r. alive on Feb. 20, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days 7
 If less than one day _____ hr. _____ min.

Immediate cause of death Respiratory Failure Duration
 Due to Prematurity (2 mon)

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

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

10. Usual occupation _____

Major findings: 159
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Frederick George Mertens
 13. Birthplace Robertson Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Audrey Marie Gruenewald
 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Frederick G. Mertens
 (b) Address Rolla, Mo.

While at work _____ (Specify type of place)
 (e) Means of injury _____
 3. Signature J. A. Elders (M. D. or other) MD
 Address Rolla, Mo. Date signed 2-22-47

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-47
(Month) (Day) (Year)
 (c) Place: burial or cremation Rolla

18. (a) Signature of funeral director Alfred Smith
 (b) Address Rolla

19. (a) 3/3/47 (Date received local registrar) (b) Tommy B. McClintock (Registrar's signature)

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

MOTHER FATHER

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.....

Was not embalmed

working under my personal supervision.

Registered Apprentice No.....

Signed.....

J. H. Hallow

Licensed Embalmer No. *3643*

P. O. Address..... *Rolla, 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.

Registration District No. 290 Primary Registration District No. 4427

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(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 (Specify whether)

3. (a) PRINT FULL NAME Audrey A. Mertens

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased July 14 1941 (Month) (Day) (Year)

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

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation Rolla

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month _____ Day _____ Year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____

that I last saw him/her _____ alive on _____, 19____

and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

5-5795