

FILED APR 18 1947

STANDARD CERTIFICATE OF DEATH

State File No.

16263

Registration District No. 860

Primary Registration District No. 62295

Registrar's No. 66

1. PLACE OF DEATH:

- (a) County Vernon
 (b) City or town Nevada *RURAL*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Convent /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 42 years (Specify whether
 years, months or days)

3. (a) PRINTSISTER MARY CLARA REDLE
FULL NAME

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

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife X 6. (c) Age of husband or wife if
 alive X years
 7. Birth date of deceased: October 7, 1886
 (Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 60 | 5 | 24 | hr. _____ min. |

9. Birthplace Ottmanshofen, Leutkirch, Wurttemberg
 (City, town, or county) (State or foreign country)
Germany

10. Usual occupation Domestic work

11. Industry or business _____

12. Name Rupert Redle
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Josepha Berger
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Rev. Mother M. Isabel, O.S.F.

- (b) Address St. Francis Convent, Nevada, Mo.

17. (a) Burial (b) Date thereof April 3, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Catholic cemetery, Nevada

18. (a) Signature of funeral director Erichsen Funeral Home

- (b) Address Nevada, Mo.

19. (a) H-5-647 (b) Kathryn Zancay
 (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Vernon / 108
 (c) City or town Nevada / 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. St. Francis Convent / 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day first
 year 1947 hour 3 minute 20 p.m.

21. I hereby certify that I attended the deceased from January
December 10, 1946 to April 1, 1947
 that I last saw him alive on April 1, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of head of
Pancreas

Duration

Due to _____

Due to _____

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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)
 (c) Means of injury _____

23. Signature Ray W. Gentry (M. D. or other) MD

Address Nevada, Mo. Date signed 29 Apr 47

109

RECEIVED
District Health Officer No. 7,
District File Number 3-47-463
Date Filed 4-17-47

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 *Mark E. Schuyler*

Licensed Embalmer No. *2466*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. M 24
Registrar's No. 668

Registration District No. 360

Primary Registration District No. 6225

1. PLACE OF DEATH:

- (a) County Vernon
- (b) City or town rural Wash. Twp.
(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 years, months or days)

3. (a) PRINT FULL NAME Mary Clara Redler

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.....

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 60 Months Days If less than one day hr. min.

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

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, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

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

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Vernon
- (c) City or town rural Wash. Twp.
(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 April year 194 hour 1 minute 1 M.

21. I hereby certify that I attended the deceased from..... 19.....; that I last saw him..... alive on..... 19.....; and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

Due to.....

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

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?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

14263