

No. 2
1-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34180
Registrar's No. 95

FILED NOV 10 1947
Registration District No. 20

Primary Registration District No. 4198

1. PLACE OF DEATH:

(a) County Lentz

(b) City or town King City, Mo Jackson
(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 70 years
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Rosa Lena Matthie

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

4. Sex F / 5. Color or race W

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

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

7. Birth date of deceased Dec 14 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Conrad Eiredanz 4

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

14. Maiden name Juchia Hines

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

16. (a) Informant Lou F. Eiredanz

(b) Address King City, Mo

17. (a) Burial (b) Date thereof Oct 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berlin, Mo

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City, Mo

19. Oct 25 1947 Norman N. Nelson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lentz 38

(c) City or town King City, Mo 2
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1947 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Oct 23 1947 to Oct 23 1947
that I last saw h. ev alive on 6, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Found dead in bed.
7 Oct 23 - 1947
Hypertension

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 Charles N. Williams 3
King City, Mo (M. D. or other) Lentz Mo

Address Lentz Mo Date signed Oct 23 1947

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

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 *Lucile M. Wilson*.....

Licensed Embalmer No. *2830*.....

P. O. Address *King City 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.