

FILED APR 12 1948

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Monticello  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community all her life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison  
(c) City or town Leyside  
(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 day 2  
year 1948 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from MARCH 31, 1948, to APRIL 2, 1948,  
that I last saw her alive on APRIL 1, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death INTESTINAL OBSTRUCTION  
Duration 4 DAYS

Due to VENTRAL ABDOMINAL HERNIA 10 YRS.

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 Paul J. Kadell (M. D. or other) M.D.

Address Conception Jet, Mo. Date signed 4/2/48

3. (a) PRINT FULL NAME ANNA WIRTH

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 single

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

7. Birth date of deceased June 24 1930  
(Month) (Day) (Year)

8. AGE: Years 18 Months 0 Days 24 If less than one day hr. min.

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

10. Usual occupation Bank Cashier

11. Industry or business Retired

12. Name Jahn Wirth

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

14. Maiden name Mary Brand

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

16. (a) Informant Mrs Ruth Brumford

(b) Address Conception Jet, Mo

17. (a) Burial (b) Date thereof 4-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Columbian

18. (a) Signature of funeral director Waddell & Phillips

(b) Address Conception Jet, Mo

19. (a) 4-3-48 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

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

74  
1  
2

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 *Natoy S. Phillips*

Licensed Embalmer No. *1898*

P. O. Address *Stonewall, 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.