V. S. No. 2
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ex. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 19 1948

Registration District No. 77

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 15782

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14months (Specify whether
In this community 14months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

(c) City or town West Glasgow 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Mary Castrop

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph

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

7. Birth date of deceased March 3, 1870 (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Westphalia, Mo. Osage Co. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Mertensmeyer
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) (State or foreign country) 9

16. (a) Informant Hugo Castrop
(b) Address West Glasgow, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/48 (Month) (Day) (Year)
Removal
(c) Place: burial or cremation Gilliam, Mo.

18. (a) Signature of funeral director Victor Buschke
(b) Address Jefferson City, Mo.

19. (a) 5-8-48 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1948 hour 7 minute 15 a M.

21. I hereby certify that I attended the deceased from March 30, 1947, to May 8, 1948, that I last saw her alive on May 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension &

Due to General arteriosclerosis

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

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 J. A. Ossman (M. D. or other) MD

Address Jefferson City Mo Date signed 5-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 18 1948

JAN 20 1949

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 Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.