DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1948

Registration District No. 291

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3048

State File No. 23710

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: 222 East Sixth
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville
(If outside city or town limits, write "RURAL")

(d) Street No. 222 East Sixth
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MINNIE CARSTENS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Jacob

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

7. Birth date of deceased April (Month) 19 (Day) 1868 (Year)

8. AGE: Years 80 Months 2 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Rendsburg Holstein Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Tom Cox

(b) Address 222 E. 6th, Maryville, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/1/48 (Month) (Day) (Year)

(c) Place: burial or cremation Wyuka Cemetery

18. (c) Signature of funeral director Price Funeral Home

(b) Address Maryville, Missouri

19. (a) 7/3/48 (Date received local registrar) (b) Bess Hal (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1948 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to June 28, 1948
that I last saw her alive on June 28, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage Massive	30 Min
Due to	
Due to Senility	
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 E. D. Imes (M. D. or other) M.D.

Address Maryville, Mo. Date signed 6/30/48

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1951

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. Clem M. Price

Licensed Embalmer No. 1822

P. O. Address. Maryville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.