

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 11 1948 2

Registration District No.

Primary Registration District No. 5187

Registrar's No. 77

1. PLACE OF DEATH:

(a) County. Cape Girardeau
 (b) City or town. Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jackson mo RFD #2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether

In this community..... years, months or days)

3. (a) PRINT FULL NAME

Bertha Athens

3. (b) If veteran,

name war.....

3. (c) Social Security No.

4. Sex. 7 / 5. Color or race. w 6. (a) Single, widowed, married, divorced. M
 6. (b) Name of husband or wife. Henry Athens 6. (c) Age of husband or wife if alive. 70 years
 7. Birth date of deceased. Aug 14 1878 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 0 24 hr. min.

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

10. Usual occupation. Housewife

11. Industry or business

12. Name. Henry Hazel
 13. Birthplace. Jackson mo (City, town, or county) (State or foreign country)
 14. Maiden name. Blanca Bloss
 15. Birthplace. Jackson mo (City, town, or county) (State or foreign country)

16. (a) Informant. Henry Athens

(b) Address. Jackson mo RFD #2

17. (a) Burial (b) Date thereof. Sept 10 1948 (Month) (Day) (Year)

(c) Place: burial or cremation. St. Louis Cemetery

18. (a) Signature of funeral director. M. S. Comb

(b) Address. Jackson mo

19. (a) 9-10-48 (Date received local registrar) (b) D. S. Schubert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cape Girardeau
 (c) City or town. Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Jackson mo RFD #2 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Sept day. 8-48
 year. 11 hour. 50 minute. A M.

21. I hereby certify that I attended the deceased from Sept 3 1948
 that I last saw him alive on Sept 1 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary thrombosis 3.5 hr.

Due to. Hardening arteries 13 yr.

Due to.....

Other conditions. Chronic arthritis 35 yr.

(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?..... (Specify type of place)

While at work?..... (c) Means of injury.....

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

Address. Jackson mo Date signed. 9-10-48

RECEIVED

District Health Officer No. 4

District File Number 948-11

Date Filed 9-13-4

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

BA Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.