

FILED SEP 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27329

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Unionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe Hospital and Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days)
In this community 10 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Grace Alpha Aronhalt

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Joseph Edmund Aronhalt 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased: May 25 1880
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 6 If less than one day hr. min.

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

10. Usual occupation At Home11. Industry or business Housework

12. Name Harrison Faren Mathews
13. Birthplace Don't Know Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Reeds
15. Birthplace Don't Know Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ray E. Neek
(b) Address Lucrene Mo. R. R. No. 1

17. (a) Removal (b) Date thereof August 2, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery Linn Co. Kansas

18. (a) Signature of funeral director Comstock Funeral Home

(b) Address Unionville, Mo. By John Comstock

19. (a) 8-28-48 (b) M. A. T. T.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County 999
(c) City or town Turlock (If outside city or town limits, write "RURAL") 4
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1948 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 8-22-48
to 8-1-48
that I last saw her alive on 8-1-48
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Carcinoma
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 5-15-48

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?

Address Kansas

(Specify type of place)
While at work? (e) Means of injury 2

23. Signature S. W. McDougal (M. D. or other) Do

Address Monmouth, Mo. Date signed 8-1-48

SEP 24 1948

RECEIVED
District Health Officer's No. 10
District File Number 8-48-152
Date Filed AUG 31 1948

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

Richard P. Cassidy, Registered Apprentice No. 76
working under my personal supervision.

Signed

John H. Constock
Licensed Embalmer No. 3891

P. O. Address Unionville, 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.