

No. 2
12-45
17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32295**

FILED OCT 13 1948

Registration District No. **59**

Primary Registration District No. **5225**

Registrar's No. **179**

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Garden City, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Inley townships
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Garden City, rural
(If outside city or town limits, write "RURAL")
(d) Street No. Inley Township
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARY HERSHBERGER

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

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased. Oct 3 1864
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Ontario Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name David Kropp
13. Birthplace Ontario Canada
(City, town or county) (State or foreign country)

14. Maiden name Magdalene Pesch

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

16. (a) Informant Alice Bowman

(b) Address Harrisonville Mo

17. (a) Clearfork Rural (b) Date thereof Oct 10-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clearfork Cemetery

18. (a) Signature of funeral director A. Hantley

(b) Address East Lynne Mo

19. Oct 11-1948 (b) Laura J. Janig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1948 hour 1 minute 9 M.

21. I hereby certify that I attended the deceased from August 1947 to Oct 8 1948
that I last saw her alive on October 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration 2 days

Due to arteriosclerosis due to senile changes 10 yrs.

Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations..... 97
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)..... Means of injury.....

23. Signature Dr. C. E. Emereth (M. D. or other) D.O.

Address Harrisonville Mo Date signed Oct 9, 1948

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

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.....

Licensed Embalmer No. *2717*

P. O. Address. *East Lyme, M*

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.