

FILED DEC 3 1948

Registration District No. **172**

Primary Registration District No. **4271**

Registrar's No. **78**

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

1. PLACE OF DEATH:
 (a) County **Lafayette**
 (b) City or town **Alma,**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **/**
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Lafayette** **54**
 (c) City or town **Alma,**
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Marie Elizabeth Northen,**
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov.** day **20th,**
 year **1948** hour **8** minute **00** A.M.

4. Sex **Female/** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from **2 - 1**, 19**44** to **11 - 20**, 19**48**
 that I last saw her alive on **10 - 11**, 19**48**
 and that death occurred on the date and hour stated above.

7. Birth date of deceased **June 29,** 18**71.**
(Month) (Day) (Year)

Immediate cause of death.....
Myocarditis, chronic, atherosclerosis
This patient died a short while before I arrived at her residence where she died
 Due to.....
 Due to.....

8. AGE: Years Months Days If less than one day
77 **4** **21** hr. min.

Other conditions **Arteriosclerosis gen. atherosclerosis**
(Include pregnancy within 3 months of death)

9. Birthplace **Lexington, Missouri.** **0**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

10. Usual occupation **Housework**
 11. Industry or business.....
 12. Name **Henry E. Sander**
 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Anna Teming**
 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alonzo Northen**
 (b) Address **Alma, Missouri.**
 17. (a) **Burial** (b) Date thereof **11/23/48.**
(Burial, cremation, or removal) (Month) (Day) (Year)

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) Month of injury.....

(c) Place: burial or cremation **Trinity Luth. Cemetery**
 18. (a) Signature of funeral director **Alfred H. Bremer**
Alma, Missouri.
 (b) Address.....

23. Signature **Geo. A. Telly** (M. D. or other).....
 Address **Waverly Mo** Date signed **11-22-48**

19. (a) **Nov. 22, 1948** (b) **Clayton H. Landrum**
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-2-48

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..... *Alfred H. Brewer*

Licensed Embalmer No. 2696.

P. O. Address Alma, Missouri.

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.