

FILED SEP 26 1949  
Dr. Kanagawa

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29708

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5303 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Jefferson Twnshp</u> )		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Jefferson Twnshp</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.#2, Jefferson City, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.#2, Jefferson City, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Salome</u> b. (Middle) <u>Veronica</u> c. (Last) <u>Franz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 9 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Sept-26-1857</u>		9. AGE (In years last birthday) <u>91</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cole County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Gus Loesch</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Mueller</u>		14. NAME OF HUSBAND OR WIFE <u>William Franz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Otto Franz Jefferson City, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart d.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arteriosclerosis</u>		<u>1 yr.</u>	
		DUE TO (c) <u>penility</u>		<u>4-200</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Diabetes mellitus</u>		<u>1 month</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March 10, 1949, to Sept 9, 1949, that I last saw the deceased alive on Sept 9, 1949 and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D.V. Kanagawa</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Dallmeier Bldg</u>		23c. DATE SIGNED <u>9/10/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Church Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>R.R.#2, Jefferson City, Mo</u>	

DATE REC'D BY LOCAL REG. <u>Sept 12-49</u>		REGISTRAR'S SIGNATURE <u>R.P. Darris</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jefferson City, Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
SEP 20 1948  
District Health Officer No. 9,  
District File Number

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Gerard P. Dulle*

Licensed Embalmer No. 3890

P. O. Address

*Jefferson City*

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.