

FILLED SEP 26 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32044  
Registrar's No. 46

Registration District No. 571

Primary Registration District No. 15769

1. PLACE OF DEATH:

(a) County Monteau  
(b) City or town Walker  
(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  
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monteau  
(c) City or town Rural Walker T.P. 068  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd  
year 1941 hour 10 minute 9 A.M.  
21. I hereby certify that I attended the deceased from July 1, 1941  
19   to Aug 2 1941  
that I last saw h.e.r. alive on July 26 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death, Chronic myocarditis  
Chronic hepatitis  
Generalized arteriosclerosis  
Due to 12/1 h

Duration  
10-12 yrs

Other conditions  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations no  
Of autopsy no

PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Rickey Jensen

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

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

7. Birth date of deceased Dec 22 1855  
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 10  
If less than one day hr. min.

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

10. Usual occupation house in county

11. Industry or business home

12. Name Maurice Deuzark

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Wilhemina

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

16. (a) Informant R. L. Kay

(b) Address California Mo

17. (a) Burial (b) Date thereof 8/2/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cem

18. (a) Signature of funeral director William R. Fredman

(b) Address California Mo

19. (a) 8-4-41 (b) H. R. Popejoy  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury  
23. Signature Kernon Latham (M. D. or other)  
Address California Mo Date signed 8-9-41

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

68  
0  
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**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.....

P. O. Address.....

**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.**