

FILED JUN 9 1947

Registration District No. 25

Primary Registration District No. 4335

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 1/2 Miles N. W. Tipton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 1/2 Miles N. W. Tipton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME Mary Torsa Claas

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife --

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

7. Birth date of deceased October, 14th, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>12</u>	hr. <u>---</u>

9. Birthplace Moniteau County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Joseph Claas

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

14. Maiden name Catherine Meiers

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

16. (a) Informant Joseph P. Claas

(b) Address Tipton, Mo (Brother)

17. (a) Burial (b) Date thereof 5/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery, Tipton, Mo

18. (a) Signature of funeral director Jewell E. Richards

(b) Address Tipton, Mo

19. (a) 5-27-47 (b) Mrs. Maud Hudson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th
year 1947 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 6-10-40
19... to 5-26-47 19...
that I last saw her alive on 5-25-47 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac dilatation

Due to Attack of indigestion

Due to Attack of indigestion

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 950

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?

23. Signature J. C. Heine (M. D. number)

Address Tipton Mo Date signed 5/26/47

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

Crown Mon. Co.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 6-7-47

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 James E. Richards
Licensed Embalmer No. 2466
P. O. Address Tipton, 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.