WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 24 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12184
~~13184~~

1. PLACE OF DEATH

36 County Franklin — Registration District No. 300 — File No.

Township Lyon — Primary Registration District No. 5417 — Registered No. 6

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Wilemena Kormeierer

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Hermann Kormeierer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24th 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	10	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany 10
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Kunred Richtemeyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lizzie Becker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Louis C. Kormeier
(Address) Krokaw Mo

15. FILED 4/11, 1932 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1932, to Apr 10, 1932, that I last saw b[illegible] alive on Apr. 10, 1932, and that death occurred, on the date stated above, at 11.15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Impacted Gall stones occluding duct

1270 (duration) 126 yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Old age

(duration) ..... yrs. (1) mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) O. L. Munch, M. D
, 19 (Address) Washington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. John Evangelical Cemetary Casco Mo — DATE OF BURIAL: 4/13 1932

20. UNDERTAKER: E. F. Oltmann — ADDRESS: Union Mo