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.

NOV 10 1933

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

Do not use this space.

33763

1. PLACE OF DEATH

County Moniteau. Registration District No. 214 File No.

Township Primary Registration District No. 5294 Registered No. 19

City Russellville Mo. (No. , St. Ward)

2. FULL NAME Anna Amalia Jungmeyer

(a) Residence, No. Russellville Mo. 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. 1 mos. 13 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M. Jungmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-11-1875

7. AGE: YEARS 58 MONTHS 1 DAYS 13. If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lohman Mo.

FATHER

13. NAME John T. Huettenmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER

15. MAIDEN NAME Anna Linsenbaum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stungtown, Mo.

17. INFORMANT (ADDRESS) Albert Jungmeyer Cedar Rapids Nebr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Russellville DATE 10-26 1933

19. UNDERTAKER (ADDRESS) Hugo Hazel Schubert Russellville Mo.

20. FILED Oct 26 1933 Mrs. H. L. Earle Rev. Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1933, to Oct. 24, 1933

I last saw her alive on Oct. 23, 1933. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatism	1925

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Leslie, M. D.

(Address) Russellville Mo