

REC'D MAR 17 1939

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

6483
Do not use this space.

1. PLACE OF DEATH

(a) County GASCONADE 2 Registration District No. 306
(b) Township B.O.E.U.F. 1 Primary Registration District No. 5424 Registered No. 2
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARGARET C KURRELMAYER

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 30 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 5 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WORK
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) DRAKE (STATE OR COUNTRY) MO.

13. NAME MARTIN HEITZMAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENN.

15. MAIDEN NAME CALINE BEISER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENN

17. INFORMANT Otto Kurrelmeyer (ADDRESS) Owensville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE C.HARLOTTE EV. CEMETERY DATE 2/23 1939

19. FUNERAL DIRECTOR W.F. Gattens (ADDRESS) 277 Owensville Mo.

20. FILED 82-20, 1939 John Engelbrecht (Address) Stony Hill, Mo. Medical Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20-1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 11-1938, to 2-20-1939

I last saw her alive on 2-18-39, 1939 Death is said to have occurred on the date stated above, at 6 A.M.

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

arteriosclerosis
57

Date of onset 50
not known

Other contributory causes of importance: Chronic

Arthritis (or inflammation of the joints)

Name of operation Date of
What test confirmed diagnosis? Physic as there an autopsy? no

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? no
If so, specify John Engelbrecht, M. D.

(Signed) John Engelbrecht (Address) Stony Hill, Mo.

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.

37

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STATEMENT BY LICENSED EMBALMER

I, W.F. Gettenroster..... Licensed Embalmer No. 1444

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed W.F. Gettenroster

Licensed Embalmer No. 1444

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.)