

Registration District No. 991

Primary Registration District No. 5419

Registrar's No. 6

1. PLACE OF DEATH: GASCONADE  
 (a) County. GASCONADE  
 (b) City or town. RURAL 3RD. CREEK TOWNSHIP  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
AT HER HOME NEAR OWENSVILLE  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In-hospital or institution \_\_\_\_\_  
 In this community 76 YRS. 0 Mo. 16 DA. (Specify whether years, months or days)

USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Barren  
 (c) City or town. R.F.D. No. 1  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME MARY DORA JUDEMAN  
 3. (b) If veteran, name war. NO. 3. (c) Social Security No. NO.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 10 day 27  
 year 1989 hour 2 minute 40 M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife FRANK JUDEMAN SR. 6. (c) Age of husband or wife-if alive 78 years  
 7. Birth date of deceased OCT. 11 1863  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 10 - 1985 to 10-27 - 1989;  
 that I last saw her alive on 10-26 - 1989;  
 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 0 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Valvular Lesion of Heart  
Hardening of Arteries  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace NEAR OWENSVILLE MO.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation HOUSE WORK

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy None

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name FREDERICK HENGSTENBERG  
 13. Birthplace GERMANY  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MINNIE PRUEMAN  
 15. Birthplace NOT KNOWN  
 (City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant's own signature Geo. Johnson  
 (b) Address Owensville Mo.  
 17. (a) BURIAL (b) Date thereof 10-30-89  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation ST. JOHN EV. CEM. WOLLAM  
 18. (a) Signature of funeral director W.F. Gettistracter  
 (b) Address Owensville Mo.  
 19. (a) 10-28-89 (b) J.P. Price  
 (Date received local registrar) (Registrar's signature)

23. Signature Edmond Mellies (M. D. or other) \_\_\_\_\_  
 Address Owensville Mo. Date signed 10-27-89

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

MARGIN RESERVED FOR BINDING

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.

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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 me

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

Signed W.F. Gattenstroeter

Licensed Embalmer No. 1444

P. O. Address Owensville Mo.

**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, above space should be left blank.**