

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 40478DEC 18 1939
Registration District No. 657Primary Registration District No. 5874Registrar's No. 5137

1. PLACE OF DEATH:

- (a) County Perry
(b) City or town Frohna
(c) Name of hospital or institution: 2
(If outside city or town limits, write "RURAL" and name of township)

- (d) Length of stay: In hospital or institution 81 - 1 - 17
(Specify whether years, months or days)

In this community 81 - 1 - 17
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ida H. Wachter 236

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fred. Wachter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 10 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Gottfried Lungwitz

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

14. Maiden name Emily Heghardt

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

16. (a) Informant's own signature Mrs. Guy D. Wolfe

(b) Address Elmer Mo.

17. (a) Burial (b) Date thereof Oct. 30 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frohna Mo.

18. (a) Signature of funeral director _____

(b) Address Perryville mo.

19. (a) 10 - 28 - 39 (b) Adolph K. Schmidt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Perry

- (c) City or town Frohna
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1939 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from October 19th 1939 to October 27th 1939,
that I last saw him alive on October 26th 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Decompensation Duration 12 days

Due to Chronic Myocarditis 2 years

Due to _____

Other conditions 93C
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically

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? Theodore Fischer (Specify type of place) (e) Means of injury 10/28/39

23. Signature Altentberg (M. D. or other) 10/28/39

Address Altentberg, Mo. Date signed 10/28/39

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

Carl C. Young

Licensed Embalmer No. *2138*

P. O. Address

Pennington, 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.