

Registration District No. 292

Primary Registration District No. 5410

Registrar's No. 4

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural-Boeuf Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 years
years, months or days 11/2

3. (a) PRINT FULL NAME Mary Louisa Kohlbusch
8. (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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 2, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	11	5	hr. _____ min. <u>0</u>

9. Birthplace Berger, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Casper Stoepellmann

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

14. Maiden name Unknown

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

16. (a) Informant Otto Kohlbusch

(b) Address Berger, Mo.

17. (a) Burial-Feb. 11 (b) Date thereof Feb. 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kohlbusch Cemetery

18. (a) Signature of funeral director HERMAN BLUMER

(b) Address Berger, Mo. 265

19. (a) Feb. 9, 1940 (b) Jessie Grossman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Rural-Berger, Mo.
(If outside city or town limit, write "RURAL")
(d) Street No. Berger, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th Mary
year 1940 hour 11 minute 45 P M

21. I hereby certify that I attended the deceased from Feb. 5, 1940
_____ 19____ to Feb. 7, 1940
that I last saw her alive on Feb. 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Heart disease, the real nature was not diagnosed
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) 95/2

Major findings: Of operations _____

Of autopsy none
PHYSICIAN _____
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? _____ (Specify type of place) (e) Means of injury _____

28. Signature John Engelbrecht (M. D. or other)
Address Stang, Phil, Mo. Date signed 2-8-40

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

MOTHER FATHER

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 Herman Blinner

Licensed Embalmer No. 528

P. O. Address Berger 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.