

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6563

State File No.

Registration District No. 305

Primary Registration District No. 4184

Registrar's No. 2

## 1. PLACE OF DEATH:

(a) County GASCONADE  
 (b) City or town OWENSVILLE  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
AT HER HOME IN OWENSVILLE  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 32 YRS.  
 years, months or (days)

8. (a) PRINT  
FULL NAMEANNA MARIE DEPPERMAN

## 8. (b) If veteran,

name war ✓

## 8. (c) Social Security

No. ✓4. Sex FEMALE

## 5. Color or

race WHITE6. (a) Single, widowed, married,  
divorced MARRIED

## 6. (b) Name of husband or wife

LOUIS DEPPERMAN

## 6. (c) Age of husband or wife if

alive 70 years

## 7. Birth date of deceased

JUNE221871

(Month)

(Day)

(Year)

## 8. AGE:

Years

Months

Days

If less than one day

68714

hr.

min.

## 9. Birthplace

CASCO

(City, town, or county)

MISSOURI

(State or foreign country)

## 10. Usual occupation

HOUSE WORK

## 11. Industry or business

12. Name CONRAD RICHTERMEYER13. Birthplace GERMANY14. Maiden name ELIZABETH BECKER15. Birthplace GERMANY

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emil K. Depperman(b) Address OWENSVILLE MO.17. (a) BURIAL (b) Date thereof 2-8-1940

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation OWENSVILLE CITY CEM.18. (a) Signature of funeral director W. F. Hottel(b) Address OWENSVILLE MO.19. (a) 2-10-40 (b) Leah D. Bamer

(Date received local registrar)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE  
 (c) City or town OWENSVILLE  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 6  
 year 1940 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from 2-6  
 \_\_\_\_\_, 1940, to 2-6, 1940;  
 that I last saw her alive on 2-6, 1940;  
 and that death occurred on the date and hour stated above  
 Immediate cause of death Respiratory Failure Duration \_\_\_\_\_

Due to Left Cerebral Hemiplegia  
Heart Failure  
Hypertension 48 years 1 1/2 yrs.

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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 Paul Bramer (M. D. or other) \_\_\_\_\_  
 Address Owensville, Mo. Date signed 2-6-40

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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.....

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

Signed Milford H. H. Winter.....

Licensed Embalmer No. 3838.....

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.**