

STANDARD CERTIFICATE OF DEATH

State File No. **6639**

FILED MAR 12 1940

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **160**

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2009 N. Franklin 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2009 N. Franklin (If rural, give location)
(e) If foreign born, how long in U. S. A.? 74 years years.

3. (a) PRINT FULL NAME BERTHA WILLEMINA MUGGELBERG

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 Widow

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

7. Birth date of deceased August 22 1855
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Newstadt, Thuringia, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name William Amberg

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

14. Maiden name Christina Westfall

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

16. (a) Informant Mrs. Lydia Shaulbach

(b) Address 2009 N. Franklin Springfield Mo.

17. (a) Burial (b) Date thereof Feb. 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director F. C. Wagner

(b) Address Springfield Mo. 290

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1940 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1-5, 1940 to 2-12, 1940 that I last saw her alive on 2-12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Not Certain; Clinically Malignancy in sigmoid Duration 1 year

Due to _____
Due to _____

Other conditions Serinitis
(Include pregnancy within 3 months of death)

PHYSICIAN
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

Signature C. E. Feller (M. D. or other) _____
Address Springfield Date signed 2/16/40

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.....

R. P. Thorne

Licensed Embalmer No.....

3681

P. O. Address.....

Springfield, 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.

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