

No. 2
11-10-39
1-17-39
I X212

State File No. _____

JUN 14 1940

302

Primary Registration District No. 4181

Registrar's No. _____

1. PLACE OF DEATH

(a) County Gasconade Co. Mo
(b) City or town Blond Mo
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 2 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Blond
(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.? 73 years.

3. (a) PRINT FULL NAME Annie Louise Wiltrick

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

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced _____
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Jan. 30 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business Home work

12. Name John H. Bentlage

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

14. Maiden name Katherine Brune

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

16. (a) Informant John Wiltrick

(b) Address Blond Mo

17. (a) burial (b) Date thereof 5-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ev. Cem. Blond

18. (a) Signature of funeral director Chas. M. ...
(b) Address Blond Mo

19. (a) 5-9-40 (b) W. A. Bunge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1940 hour 1 minute 10 M.

21. I hereby certify that I attended the deceased from July 1 1939 to May 5 1940
that I last saw her alive on May 5 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis
Due to Chronic Interstitial Nephritis

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy no

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) _____
(e) Means of injury _____

23. Signature W. A. Bunge (M. D. _____)
Address Blond Mo Date signed 5-5-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

37

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.....

Chester Sasseman, Registered Apprentice No. 216

working under my personal supervision.

Signed Robert M Murray

Licensed Embalmer No. 3749

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.