

WHILE FLAUNTY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County GASCONADE

(b) City or town RURAL "BOULEVARD TOWNSHIP"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
OWENSVILLE ROUTE 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 57 YRS.
years, months or days

3. (a) PRINT FULL NAME CHARLOTTE POHLMAN

8. (b) If veteran, name war ✓

8. (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 FRITZ POHLMAN

6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased JAN. 6 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 20
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 _____

MOTHER FATHER

12. Name FRITZ BUNZELMEYER

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

14. Maiden name MARIE

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

16. (a) Informant's own signature Mrs. Mrs. Pohlman

(b) Address Owensville Mo.

17. (a) BURIAL (b) Date thereof 9-29-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAUL CEM. BAY MO

18. (a) Signature of funeral director W. F. Hattestadt

(b) Address Owensville Mo.

19. (a) 9-27-1940 (b) Mrs. F. A. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

(c) City or town RURAL BOULEVARD TOWNSHIP
(If outside city or town limits, write "RURAL")

(d) Street No. OWENSVILLE ROUTE 2
(If rural, give location)

(e) If foreign born, how long in U. S. A. 72 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 26
year 1940 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from 9-16-1940 to 9-26-1940,
that I last saw him alive on 9-26-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Global Pneumonia Following Influenza

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

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? 278
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. J. Mellis (M. D. or other) !
Address Owensville Mo Date signed 9-27-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 me

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

Signed Wilford H. A. Nutter
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.