

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 99

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

1. PLACE OF DEATH:

(a) County. FRANKLIN

(b) City or town. WASHINGTON

(c) Name of hospital or institution: ST. FRANCIS

(d) Length of stay: In hospital or institution 2 days

In this community 75 yrs. - 12 dds.

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Franklin

(c) City or town. Washington Mo.

(d) Street No. 321 W. 6th St.

(e) If foreign born, how long in U. S. A.? none years.

3. (a) PRINT FULL NAME. JOSEPHINE MARY FILLA

3. (b) If veteran, name war. none

3. (c) Social Security No. none

4. Sex. Female 5. Color or race. White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Gustav Filla

6. (c) Age of husband or wife if alive. 79 years

7. Birth date of deceased. OCT. 5 1866

8. AGE: Years 75 Months 0 Days 12

If less than one day hr. min.

9. Birthplace. Washington Mo.

10. Usual occupation. Housewife

11. Industry or business.

12. Name. Henry J. Buh

13. Birthplace. Franklin Co. Mo.

14. Maiden name. Catherine Placke

15. Birthplace. Franklin Co. Mo.

16. (a) Informant. Mr. Gustav Filla

(b) Address. Washington Mo.

17. (a) Burial (b) Date thereof. Oct. - 20 - 1941

(c) Place: burial or cremation. Washington Mo.

20. DATE OF DEATH: Month Oct day 17

year 1941 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 1938

that I last saw her alive on Oct 16

and that death occurred on the date and hour stated above. 1941

Immediate cause of death. Acute Coriary

Recompensation

Due to. Ch. Myocarditis

Due to.

Other conditions. 938

(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?

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

23. Signature. F. J. Pos (M. D. or other) 0

Address Washington Mo. Date signed Oct 17/41

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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed..... 

Licensed Embalmer No. 2464

P. O. Address Washington Md

**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, fact should be so stated above.**