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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Dr. FILED APR 22 1942

Registration District No. 213

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10621

Primary Registration District No. 5296A

Registrar's No. 85

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

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: "RURAL" Osage Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D.#4, Jefferson City, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)

In this community: 74 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cole 026

(c) City or town: RURAL 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.: R.F.D.#4, Jefferson City, Mo
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Anna B. Korsmeyer

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: Herman Korsmeyer

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

7. Birth date of deceased: February (Month) 28 (Day) 1868 (Year)

8. AGE: Years 74 Months 1 Days 2 If less than one day: hr. min.

9. Birthplace: Cole County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Louis Graessle
13. Birthplace: Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Not Known
15. Birthplace: a
(City, town, or county) (State or foreign country)

16. (a) Informant: Oscar Korsmeyer

(b) Address: R.F.D.#4, Jefferson City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr-1-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Honey Creek Cemetery

18. (a) Signature of funeral director: Roy J. Gordon

(b) Address: Jefferson City, Missouri

19. (a) 3-30-42 (Date received local registrar) (b) Thorsma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 30 year 42 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from 3/25 1942 to 3/30 1942 that I last saw him alive on 3/29/42 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	2 days
Due to: Fracture of hip	5 days
Due to:	
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): Acc. 026

(b) Date of occurrence: 3/25/42

(c) Where did injury occur? Her home (City or town) Cole (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Her home (Specify type of place)

While at work? No (e) Means of injury: a fall

23. Signature: Edward Gordon (M. D. or other) MD

Address: Jefferson City, Mo Date signed: 3/30/42

(Licensed Embalmer's Statement on Reverse Side)

K74

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.....Louis Lucent.....

Licensed Embalmer No.....4096.....

P. O. Address.....Jefferson City

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.