DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1942

Registration District No. 304

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5421

State File No. 10732

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Gasconade
(b) City or town: Gasconade Richland Tw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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: 54 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Gasconade
(c) City or town: Gasconade 037
(If outside city or town limits, write "RURAL")
(d) Street No.: 0 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 157 years years.

3. (a) PRINT FULL NAME: MRS. ELIZABETH WALTHER

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

4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: George A. Walther
6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: April 14, 1877 (Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 10 If less than one day hr. min.

9. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

10. Usual occupation: Hwf.

11. Industry or business:

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

MOTHER
14. Maiden name: Christina Noll
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Edwin Walther
(b) Address: Gasconade, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/26/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Gasconade City Cem.

18. (a) Signature of funeral director: Hugo H. Blumer
(b) Address: Hermann, Missouri

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1942 hour 9;00 P.M. minute M.

21. I hereby certify that I attended the deceased from March 18, 1942, to March 24, 1942, that I last saw her alive on March 21, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage.	6 days
Due to:	
Due to: 83a 1	
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):
(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:

23. Signature: D. Wessling (M. D. or other)
Address: Hermann, MO Date signed: 3-25-42

12 61

(Licensed Embalmer's Statement on Reverse Side)

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 August Blum

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

APR 10 1942

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

o. 2B
8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10-732

Registration District No. 304 Primary Registration District No. 5421 Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade

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

(c) Name of hospital or institution:
(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. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Walther

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased apr. (Month) 14 (Day) 1877 (Year)

8. AGE: Years 64 Months 11 Days 10 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) March 26, 1942 (Date received local registrar) (b) A. H. Siedler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(b) 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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-10732 1942