

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Altenberg Mo. Branch 1
(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
In this community 50 - 9 - 27 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79
(c) City or town Altenberg, Mo. 0
(d) Street No. (If rural, give location) 6
(e) Citizen of foreign country? .. (Yes or No) 0
If yes, name country ..

3. (a) PRINT FULL NAME Linna Richter

3. (b) If veteran, name war .. 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 Otto Richter 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased May 23 1891 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 9 27 hr. min.

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

10. Usual occupation House Wife

11. Industry or business ..
12. Name Henry Schmidt

13. Birthplace Perry Co. Missouri (City, town, or county) (State or foreign country)

14. Maiden name Sophie Ross
15. Birthplace Cincinnati Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Otto Richter
(b) Address Altenberg Mo.

17. (a) Burial (b) Date thereof March 23 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altenberg Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) 3-23-42 (b) O. J. Greener (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1942 hour 8 minute 45 PM.

21. I hereby certify that I attended the deceased from July 1974 19 78 to March 20th 42 19 42 that I last saw her alive on March 20th 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 hours.

Due to Arteriosclerosis, generalized

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1318
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?

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

23. Signature Meredith Teacher (M. D. or other) M.D.
Address Altenberg, Mo. Date signed 3-22-42

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

RECEIVED
District Health Officer No. 4
District File Number 442-443
Date Filed 4-13-42

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 *Edward E. Young*
Licensed Embalmer No. *2138*
P. O. Address *Permyville 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, fact should be so stated above.