

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

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

3. (a) PRINT FULL NAME Caroline Reese  
 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, widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept. 2, 1859  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 4 If less than one day hr. 15 min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Christopher Windmann  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Beckmann  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Henry Reese  
 (b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 3-8-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F. H. Beckmann & Co.  
 (b) Address Warrenton, Mo.

19. (a) Mar 31 1942 (b) John A. Bobermeyer  
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6  
 year 1942 hour 1:00 minute A. M.  
 21. I hereby certify that I attended the deceased from May 1, 1938, to Mar 6, 1942.  
 that I last saw her alive on Mar 6, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Duration  
 Chr. Cardiac Vascular Phenol Dis. \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to Central Embolism 1938

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 13/10

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 \_\_\_\_\_ (M.D. or other) \_\_\_\_\_  
 Address Warrenton, Mo. Date signed 3/7/42

**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 \_\_\_\_\_

*John F. Meburg*

Licensed Embalmer No. \_\_\_\_\_

*3897*

P. O. Address \_\_\_\_\_

*Warrenton, Me*

**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.**