

FILE MAY 20 1942
Registration District No. 244

Primary Registration District No. 5253

Registrar's No. 4

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

004

1. PLACE OF DEATH:

(a) County Osage Mo, Linn Township
(b) City or town Rural
(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 74 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage Mo
(c) City or town Rural
(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.

3. (a) PRINT FULL NAME Amelia Weislocher

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 Dec 16 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 22 If less than one day hr. 2 min.

9. Birthplace Osbell Star - Mo, 15
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER

12. Name Ferdinand Topel

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

14. Maiden name Carlina Schucht

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

16. (a) Informant John C. Weislocher Cemetery

(b) Address Chamonia, Mo.

17. (a) _____ (b) Date thereof April 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weislocher Rural

18. (a) Signature of funeral director Walter J. Stasch

(b) Address Chamonia Mo

19. (a) 4-9-1942 (b) Emily M. Matke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1942 hour 2 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from 4-3-1942 to 4-7-1942
that I last saw her alive on 4-9-42 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Essential Hypertension & Chronic Myo-carditis

Due to _____

Other conditions 93 D
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations None

Of autopsy None

Duration

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? no

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature J. V. M. Kelly (M. D. or other)

Address Chamonia Mo Date signed 3-8-42

MAY 21 1962

JUN 21 1957

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 Otto J. Stockrick

Licensed Embalmer No. 1902

P. O. Address Chamois, 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, above space should be left blank.