

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27099

Registration District No. 292

Primary Registration District No. 5418

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Rural Boeuf Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 miles North of Berger  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community (non-resident) (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade  
(c) City or town Hermann  
(If outside city or town limits, write "RURAL")  
(d) Street No. 204 E. Second St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 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.

Immediate cause of death  
Mind was wandering before she disappeared; had willed off several times before.  
Due to Accidental Drowning

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) Accident 036  
(b) Date of occurrence June 27, 1942  
(c) Where did injury occur? Berger Franklin Mo.  
(d) Did injury occur in or about home, or farm, in industrial place, in public place?

While at work (Specify type of place) (b) Means of injury: Drowning  
23. Signature Ernest P. Ottmar, Coroner  
Address Gerald, Missouri Date signed 7-25-42

3. (a) PRINT FULL NAME Mrs Anna Karl

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Anton Karl 6. (c) Age of husband or wife if alive years 25 1869

7. Birth date of deceased July (Month) 25 (Day) 1869 (Year)

8. AGE: Years 72 Months 11 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Paul Kiderlin

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

14. Maiden name Marie Moellfinder

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

16. (a) Informant Mrs. Elise Lefholz

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof July 26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Case, Mo

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo

19. July 26-1942 (a) Date received local registrar (b) Registrar's signature

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

36  
006

**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.....

working under my personal supervision.

Registered Apprentice No.....

Signed..... *Hugo H. Shuman*

Licensed Embalmer No..... 3160

P. O. Address..... Hermann, 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.**