

FILED OCT. 10 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 5435

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Rural-Boeuf  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Residence /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10 miles south of Hermann, Mo  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. MARGARET PHILLIPS

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

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 May 11 1850  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 3 24 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housekeeper

11. Industry or business Housekeeping

12. Name Thomas

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

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

16. (a) Informant Mrs. Dora Willimann

(b) Address Hermann, Mo. R.F.D.

17. (a) Burial (b) Date thereof 9 6 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Evan Cem.

18. (a) Signature of funeral director HERMAN BLUMBER

(b) Address BERGIER, Mo.

19. (a) 9-6-1947 (b) Mrs. J. B. Meyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th  
year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 30  
1942 to September 5, 1942,  
that I last saw her alive on August 31, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 9 3d  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature F. J. Wessling (M. D. or other) \_\_\_\_\_

Address Hermann Mo Date signed 9/6/42

**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. 2

working under my personal supervision.

Signed

HERMAN BLUMER

Licensed Embalmer No. 528

P. O. Address. BERGER, 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.**