

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 642260

Primary Registration District No. 5854

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Richfountain, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home Washington Ins
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANNA-KOERBER

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased 4/23/1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name George Kreeg
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Betty Reuser

(b) Address Richfountain Mo

17. (a) (Burial, cremation, or removal) Rural (b) Date thereof 2/18/43 (Month) (Day) (Year)

(c) Place: burial or cremation Richfountain Mo

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Lincoln Mo

19. (a) Feb-7-43 (b) Antonia Abba (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6th year 1943 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from February 7, 1943 to February 5, 1943 that I last saw her alive on February 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension
Myocardial degeneration

Due to 1318

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy
PHYSICIAN

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 J. C. Toward (M. D. or other) 2/18/43
Address Vienna, Mo. Date signed 2/18/43

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

76
00

MOTHER FATHER

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..... *Vernon M. Morton*
Licensed Embalmer No..... *4125*
P. O. Address..... *Louis*

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.