

FILED MAR 6 1943

Registration District No. 2774

Primary Registration District No. 3052

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County PETTIS

(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
11419 E 7TH ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WEEKS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County OSAGE 76

(c) City or town CHAMOIS 1
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME ANNIE AUGUSTA SCHWERMER

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

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>M</u>
6. (b) Name of husband or wife <u>FRITZ</u>	6. (c) Age of husband or wife if alive <u>62</u> years	
7. Birth date of deceased <u>7</u> (Month)	<u>12</u> (Day)	<u>1884</u> (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>6</u>	<u>26</u> hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name WM BEGEMAN

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

14. Maiden name ELESBETH NEDERHELM

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

16. (a) Informant FRITZ SCHWERMER

(b) Address CHAMOIS Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2 10 1943 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

48. (a) Signature of funeral director GILLESPIE

(b) Address SEDALIA

19. (a) 2/9/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 8 year 1943 hour 1 minute 2 M.

21. I hereby certify that I attended the deceased from 2/1 1943 to 2-8 1943 that I last saw her alive on 2/7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Phr. endocarditis

Due to

Other conditions Arterio hypertension
Chromosomal Disarr
Include pregnancy within 3 months of death

Major findings: Of operations Of autopsy 1318

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. W. Boyer Address Sedalia Mo. Date signed 2/8/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-4-43

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 Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sehala

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.