

FILED MAY 27 1943

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Aurora Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Marionville Mo
(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 0

3. (a) PRINT FULL NAME Edward August Annemeyer

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha Annemeyer 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Apr 20 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 7 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Henry W Annemeyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Hena Wagerman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Annemeyer
(b) Address Marionville Mo

17. (a) Burial (b) Date thereof 4-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive Cemetery

18. (a) Signature of funeral director A. S. Wallall Funeral Home
(b) Address Billings Missouri

19. (a) 4-28-1943 (b) Eunice Breme by
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1943 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from April 14 1943 to April 27 1943
that I last saw him alive on April 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Embolic of coronal artery

Due to ch. Endocarditis

Due to ch. intestinal nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No
Of autopsy No

Duration 8 da

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 0

23. Signature R. S. Stone (M. D. or other)
Address Aurora, Mo. Date signed 4/28/43

RECEIVED

District Health Officer No. 6,

District File Number 543-668

Date Filed MAY 26 1943

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 me

working under my personal supervision. Registered Apprentice No. Fear Wallall Funeral Home

Signed C J Lloyd

Licensed Embalmer No. 3527

P. O. Address Billings 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.