S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19329

FILED JUN 11 1943

Registration District No. [illegible] Primary Registration District No. 6235 Registrar's No. 19

09 0 0

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Rural (Pinckney Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED: 109
(a) State Missouri (b) County Warren 0
(c) City or town Rural 0
(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 Caroline Mathilda F. Saak
3. (b) If veteran, name war .....
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 July 29, 1859 (Month) (Day) (Year)
8. AGE: Years 83 Months 9 Days 21 If less than one day ..... hr. ..... min.
9. Birthplace Germany 4 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name William Huellhorst
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Niemeyer
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Paul Saak
(b) Address Treloar, Mo. R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Pinckney Evang. Cem.
18. (a) Signature of funeral director F. W. Nielsen & Co.
(b) Address Warrenton, Mo.
19. (a) June 1st 1943 (Date received local registrar) (b) John A. Bebermeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1943 hour 12:30 minute A.M.
21. I hereby certify that I attended the deceased from May 18, 1943, to May 20, 1943, that I last saw her alive on May 19, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute myocarditis — 3 days
Due to: Chr. myocarditis — 5 yrs
Due to: Senility — 10 yrs
Other conditions (Include pregnancy within 3 months of death): none
Major findings: Of operations: none
Of autopsy: none

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 Herbert H. Schmidt (M. D. or other) MD
Address Marthasville, Mo. Date signed 5-22-43

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(Licensed Embalmer's Statement on Reverse Side)

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 John F. Wieling

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.