V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24564

FILED AUG 7 19[redacted]

Registration District No. 47 — Primary Registration District No. 3008 — Registrar's No. 222

14
1
2

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

1. PLACE OF DEATH

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. No-12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mth 7 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 14 1
(c) City or town Freeburg 2
(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 Anna Weinberg
3. (b) If veteran, name war DK.
3. (c) Social Security No. DK.
4. Sex Female
5. Color or race W
6. (a) ~~Single, widowed, married, divorced~~ 2 widow
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 (Month) 9 (Day) 9 (Year)

8. AGE: Years 92 ? Months 1 Days If less than one day hr. min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name DK
13. Birthplace DK (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name DK
15. Birthplace DK (City, town, or county) 9 (State or foreign country)
16. (a) Informant Record
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Freeburg Mo
18. (a) Signature of funeral director Morton Funeral Home
(b) Address Linn Mo.
19. (a) July 19 1943 (Date received local registrar) (b) Josie Moisinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1943 hour 10 minute 45 P M.
21. I hereby certify that I attended the deceased from 6-11-, 1943, to 7-17-, 1943 that I last saw her alive on 7-17-, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 107

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature K. E. Sharrill (M. D. or other)
Address Fulton Mo Date signed 7/19/43

(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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lenox 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.