S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 23 1944

Registration District No. 23

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5815

State File No. 7819

Registrar's No. 3

1. PLACE OF DEATH:

(a) County MORGAN

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

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN

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

(d) Street No. 3 MILES SOUTH STOVER (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ANNA META MIESNER

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRED MIESNER

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased MARCH (Month) 9 (Day) 1897 (Year)

8. AGE: Years 46 Months 11 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace BENTON Co. (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name JACOB BRANDT
13. Birthplace BENTON Co. (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name SOPHIE BUERKE
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant FRED MIESNER

(b) Address STOVER MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 23 1944 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ STOVER, MO.

18. (a) Signature of funeral director Rapp & Stevinson

(b) Address Stover Mo.

19. (a) March 1, 1944 (Date received local registrar) (b) Henry Rippo (Registrar's signature)

1030

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 20TH year 1944 hour 220 minute Pm M.

21. I hereby certify that I attended the deceased from Feb 13, 1944, to Feb 20th, 1944, that I last saw her alive on Feb 20 - 44, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Organic heart disease -	unknown
Due to Had Rheumatic fever at age of 13 yrs	
Due to	
Other conditions (Include pregnancy within 3 months of death) 95C2	
Major findings: Of operations	
Of autopsy	

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 0

23. Signature W. G. Gunn (M. D. ~~or other~~)

Address Versailles Mo Date signed 2-24-44

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1947

RECEIVED
District Health Office No. 7,
District File Number 2-44-218
Date Filed 3-6-44

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 Jewell Stevinson

Licensed Embalmer No. 4073

P. O. Address Stover 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.