

FILED MAR 20 1944

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 54 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 805 Monroe Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Anna Walther
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 Married
6. (b) Name of husband or wife Herman Walther 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July 15 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>7</u>		hr. min.

9. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Korsmeyer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Marie Bettenbrauck
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Beerna Walther
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Feb-18-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flower View Cemetery

18. (a) Signature of funeral director Thos. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 2-16-44 (b) Theresa Fleiter
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 1944
year hour 11 minute _____ M.

21. I hereby certify that I attended the deceased from 2-15-44 1944 to 2-15-44 1944

that I last saw her alive on 2-15 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy no

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) no

(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 W. U. McKnelly (M. D. or other) M.D.

Address Jefferson city, Mo Date signed 2-16-44

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

2
43
39
95697

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/31/44

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 Frank Paulin MAY 25 1944

Licensed Embalmer No. 3890

P. O. Address Jeff City 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.