

Registration District No. 92

Primary Registration District No. 5333

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Golden City Rural Grant Twp
(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)

In this community 58 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

(c) City or town Golden City Rural
(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 _____

3. (a) PRINT FULL NAME DORA WIRTH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22
year 1944 hour 7 minute 17, M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Conrad Wirth 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 12 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 22 1944 to _____ 19____
that I last saw him alive on February 2nd 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 8 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death Myocarditis

Due to Arteriosclerosis

Due to _____

9. Birthplace Schergingen Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Bonnelle

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Miss Anna Wirth

(b) Address Golden City Mo.

While at work (Specify type of place) _____ (b) Means of injury _____

17. (a) Burial (b) Date thereof Feb. 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phillips Cem. Golden City Mo.

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Golden City Mo.

19. (a) Feb. 24 1944 (b) Rebecca M. Cauer
(Date received local registrar) (Registrar's signature)

23. Signature Rudolf Kurpp (M. D. or other) _____

Address Golden City Date signed 2/23/44

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

29
00

29

9

5

0

22

17

19

19

19

19

19

19

19

19

19

19

19

19

RECEIVED
District Health Officer No. 6,
District File Number 344-356
Date Filed MAR 16 1944

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.....
W. H. Pugh

Licensed Embalmer No. 3278

P. O. Address Golden 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.