FILED MAR 27 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11194

Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 148
(b) Township Fort Osage — Primary Registration District No. 5570 — Registered No. 45
(c) City Levasy — (d) Street No. 1 St.
(e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Caroline Elise Telgemeier
(a) Residence, No. Levasy, Missouri St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Henry Telegemeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1870

7. AGE: YEARS 73 | MONTHS 2 | DAYS 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Missouri 0

FATHER
13. NAME William Engelage
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 4

MOTHER
15. MAIDEN NAME Elise Schuettenberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Missouri 0

17. INFORMANT (ADDRESS) Edward H. Telgemeier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Levasy Cemetery DATE 2/7/44 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Vernon M. Reppert Buckner, Missouri

20. FILED 2-6 1944 V. M. Reppert Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/5/44, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1944, to Feb 5, 1944
I last saw her alive on Feb 4, 1944 Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

830

Other contributory causes of importance:
Hypertension

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John W Robertson, M. D.
(Address) Buckner, Mo.

Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14028

SEP 2 1947

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 ..... V. M. Reppert

Licensed Embalmer No. 2321

P. O. Address Buckner 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, above space should be left blank.