No. 2
1—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1944

Registration District No. ____

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3020

State File No. 14590

Registrar's No. 42

1. PLACE OF DEATH:

(a) County: Franklin.

(b) City or town: Washington.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Francis Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days. (Specify whether years, months or days)

In this community 43 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Franklin 30

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

(d) Street No.: 1004 W. Fifth St.
(If rural, give location)

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

If yes, name country: X 0

3. (a) PRINT FULL NAME: Mary Catherine Alfermann.

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

3. (c) Social Security No.: X

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Joseph B. Alfermann.

6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: April (Month) 8th, (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	0	10	hr. min.

9. Birthplace: Clover Bottom, Krakow, R.F.D. (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation: Housewife.

11. Industry or business: X

FATHER
12. Name: Michael H. Terschluse.
13. Birthplace: Clover Bottom, Krakow, R.F.D. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Anna Weber.
15. Birthplace: Washington, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant: Joseph B. Alfermann
(b) Address: Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 21, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Krakow, Mo.

18. (a) Signature of funeral director: Hilburg & Vitt, Inc.
(b) Address: Washington, Mo.

19. (a) 4/20/44 (Date received local registrar) (b) Lucille Rueter Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th, year 1944 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from April 14, 1944, 19__, to April 18, 1944, 19__, that I last saw her alive on April 18, 1944, 19__, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia — Duration

Due to: Chr nephritis

Due to:

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

Major findings:
Of operations: 131 L

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) 0

While at work? (e) Means of injury:

23. Signature: J. T. Tosh M.D. (M. D. or other)

Address: Washington Mo Date signed 4/19/44

1181

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-12-44

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~~.....

.....me....., ~~Registered Apprentice No.~~.....

working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, Me

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.