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K23193

FILED MAY 4 1944  
Registration District No. 2000

Primary Registration District No. 3076

State File No. \_\_\_\_\_

Registrar's No. 49

1. PLACE OF DEATH:

(a) County. VERNON

(b) City or town. NEVADA

(c) Name of hospital or institution: Nevada 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. \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME OTTILIA W. WALTER

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife. \_\_\_\_\_ 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased JAN. 13 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 3 2 hr. min.

9. Birthplace Schell City Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wm. Yehle

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

14. Maiden name ANNA MARIE BYERLY

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

16. (a) Informant W. Walter

(b) Address Harwood Mo

17. (a) Burial (b) Date thereof 4-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HARWOOD CEMETERY

18. (a) Signature of funeral director Obwasser

(b) Address Harwood Mo

19. (a) 4-15-44 (b) Boyd B. Bewick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Mo (b) County VERNON

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15  
year 1944 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Apr 11, 1944, to Apr 15, 1944  
that I last saw her alive on Apr 14, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism. Duration 4 days.

Due to Hysterectomy for bleeding fibroid uterus. Done on Apr 11/44

Due to fibroid uterus.

Other conditions none. 56 P

(Include pregnancy within 3 months of death)

Major findings: Fibroid uterus.

Of operations \_\_\_\_\_

Of autopsy none.

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? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature W. Love (M. B. Brother)

Address Nevada Mo

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

RECEIVED

District Health Officer No. 71  
District File Number 4-44-5-78  
Date Filed 5-3-44

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 Oldwagner

Licensed Embalmer No. 2709

P. O. Address Harwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.