

FILED JUL 12 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 5914

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Altenberg Mo.
(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 _____
In this community 65-4-22
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Altenberg Mo.
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Mathilda Wachter

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 Single

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

7. Birth date of deceased January 14 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Work

11. Industry or business _____

12. Name William Wachter

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

14. Maiden name Ernstine Bodenschatz

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

16. (a) Informant Paul Wachter

(b) Address Altenberg Mo.

17. (a) Burial (b) Date thereof 6-8-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altenberg Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 6-8-1944 (b) Theo J. Elder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1944 hour 3 minute _____ A.M.

21. I hereby certify that I attended the deceased from March 29 1942 to June 6th 1944
that I last saw her alive on June 5th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H6g

Major findings: Of operations _____

Of autopsy _____

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)
(c) Means of injury _____

23. Signature Theodor Fischer (M. D. or _____)

Address Altenberg, Mo. Date signed 6-6-44

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

1900

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 744-4086
Date Filed 7-11-44

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 Wallace J. Jamney

Licensed Embalmer No. 4027

P. O. Address Perryville MD

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.