

FILED JUL 29 1944
Registration District No. 78

Primary Registration District No. 5173 A

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Hartsburg, Mo. 1st Summit Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Hartsburg, Mo. 1st Summit Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether _____)
In this community 18 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Hartsburg, Summit Township
(If outside city or town limits, write "RURAL") 14
Street No. Route 1 (If rural, give location)
(d) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Wilmsmeyer
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 8 year 1944 hour 8 minute 30 A. M.

4. Sex Fe 5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from July 4 1944 to July 8 1944
that I last saw her alive on July 7 1944
and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept. 4 1875
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis

8. AGE: Years 68 Months 8 Days 4 If less than one day _____ hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER

9. Birthplace Warren County Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business at home
12. Name August Behrensberg
13. Birthplace Summit
(City, town, or county) (State or foreign country)
14. Maiden name Christine Baumann
15. Birthplace Warren County Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Elda Woods
(b) Address Hartsburg, Mo. Route 1
17. (a) Burial (b) Date thereof 7-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasant
18. (a) Signature of funeral director James Seiver
(b) Address Jefferson 700
19. (a) July 13/44 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

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 J. W. Taylor M.D. or other _____
Address Jefferson City Mo Date signed 7/10/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

Permit signed _____

881

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

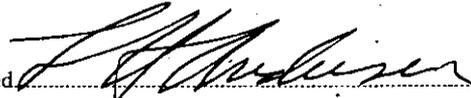
District File Number.....

Date Filed 7-27-44

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



Licensed Embalmer No. 3641

P. O. Address Two

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.