

State File No. ....

Registration District No. 305

Primary Registration District No. 4462

Registrar's No. ....

92000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town Westville

(c) Name of hospital or institution: Rural Home

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) 24

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles

(c) City or town Rural (If outside city or town limits, write "RURAL") 920

(d) Street No. 0 (If rural, give location) 0

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

If yes, name country: 0

3. (a) PRINT FULL NAME VIOLA MARY TOCHTROP

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

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased: Dec 14 1890 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1944 hour 2:00 minute 17 M.

21. I hereby certify that I attended the deceased from April 1944 to June 25 1944

that I last saw her alive on June 25 1944 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death Osteo sarcoma left femur Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Home duties

Other conditions (include pregnancy within 3 months of death) SS

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

MOTHER FATHER { 12. Name Adams Schramm

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

14. Maiden name Mary Schramm

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Joseph Tochtrop

(b) Address Meritzville Mo

17. (a) Burial (b) Date thereof 7-7-44 (Month) (Day) (Year)

(c) Place: burial or cremation Josephville, Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director Wentz

(b) Address Westville

19. (a) 6-30-44 (Date received local registrar) Artrude S. Foutell (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature F. C. Mc Murray (M. D. or other) MD

Address Westville, Mo Date signed 6/28/44

JUL 22 1955

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 8-1-44

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

*J. E. Pitman*

Licensed Embalmer No. *2711*

P. O. Address

*Westville, 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, fact should be so stated above.