

FILED DEC 9 1944

Registrar's No. **103**

Registration District No. _____

Primary Registration District No. **3020**

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 **718 - E. Second St. 1**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days)
 In this community **74 yes -**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Franklin 3!**
 (c) City or town **Washington mo**
(If outside city or town limits, write "RURAL")
 (d) Street No. **718 - E. Second**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **SOPHIE MATILDA MUENCH**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color of 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 **9** years
 7. Birth date of deceased **December 9 - 1869**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	11	17	<input checked="" type="checkbox"/> hr. <input checked="" type="checkbox"/> min.

9. Birthplace **Franklin Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **Ferdinand Muench**
 13. Birthplace **Warren County Mo**
(City, town, or county) (State or foreign country)
 14. Maiden name **Emma Humberg**
 15. Birthplace **Franklin Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Cass Muench**
 (b) Address **Washington**
 17. (a) **Burial** (b) Date thereof **Nov 28-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Washington mo.**

18. (a) Signature of funeral director **[Signature]**
 (b) Address **Washington mo**
 19. (a) **11/27/44** (b) **Luelle R. Brooks**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **26**
 year **1944** hour **8:30** minute **P.** M.
 21. I hereby certify that I attended the deceased from **Feb. 2**
 19**44** to **Nov 26** 19**44**
 that I last saw **her** alive on **Nov 26** 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Colours of transverse Colours**
 Due to **Heart blood**
 Due to **Heart blood**

Other conditions **Hypertension**
(Include pregnancy within 3 months of death)
Colostomy Rec, 1942
 Major findings: **Coronary atherosclerosis of transverse colons**
 Of autopsy **no autopsy**

Duration **known**
 Cause **known**
 Effect **known**
 Result **known**

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)
 While at work? _____ (e) Means of injury _____

23. Signature **R. R. Cutler** (M. D. or other) _____
 Address **Washington Mo** Date signed **11-27-44**

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

12-8-44

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. _____

P. O. Address _____

2464
Washington 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.