

Registration District No. 2

Primary Registration District No. 4009

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution. 1 (Specify whether
In this community 83 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME EMMA ROSE WIEDMER.

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

4. Sex 7 1 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. SEPT 13 1861 (Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 15 If less than one day hr. min.

9. Birthplace ANDREW Co MO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name NICHOLAS SCHRIERS
13. Birthplace BERN Switzerland (City, town, or county) (State or foreign country)
14. Maiden name ANNA ZIMMERMANN
15. Birthplace BERN Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Inebred Wiedmer

(b) Address Savannah MO

17. (a) B (b) Date thereof 12-31-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Cemetery

18. (a) Signature of funeral director E. E. Breit

(b) Address Savannah MO
19. (a) 12-31-44 (b) H. H. Fitchman (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1944 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from 12 January 1944 to Dec 28 1944 and that death occurred on the date and hour stated above. that I last saw her alive on Dec 7 1944

Immediate cause of death Accidental Traumatism by fall - fractured left hip
Due to Shock -

Due to Myocarditis and Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 186A
Of autopsy 1B

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 003

(b) Date of occurrence Dec 28, 1944

(c) Where did injury occur? Savannah Andrew Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature Newm. Steidley M.D. or other. SO
Address Savannah Mo. Date signed Dec 30 1944

Punition

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

210

APR 11 1945

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 E. C. Breit
Licensed Embalmer No. 2650
P. O. Address Savannah 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.