

FILED OCT 19 1945

Registration District No. 82

Primary Registration District No. 3017

State File No. _____

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks.
In this community All of life.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Copper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Louise Maria Efinger

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 Widowed
6. (b) Name of husband or wife Henry Efinger. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 21 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1945 hour 6 minute 15 p.M.

21. I hereby certify that I attended the deceased from Sept 19 1945 to Oct. 6 1945
that I last saw her alive on Oct. 6 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia Duration 10 days
Due to Intestinal obstruction 17 days

8. AGE: Years Months Days If less than one day
83 9 14 hr. min.

9. Birthplace Cooper County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At home.

MOTHER FATHER { 12. Name John Brookman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Kathryn Schnuck
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Eager
(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Oct. 7 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Goodman Tholle
(b) Address Boonville, Mo.

19. (a) Oct 4 1945 (b) Colay Moore
(Date received local registrar) (Registrar's signature)

Other conditions Cardio-vascular disease years
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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 W.H. Ziglar (M. D. or other) M.D.
Address Boonville Mo. Date signed 10-7-45

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

1039

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.....

G. F. Boller

Licensed Embalmer No. *3069*

P. O. Address.....

Boonville, 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.