

FILED JAN 11 1946
Registration District No. 117

Primary Registration District No. 5435

Registrar's No. 6

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

37
0
0

1. PLACE OF DEATH:

(a) County GASCONADE

(b) City or town RURAL BOEUF TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: OWENSVILLE ROUTE 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

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

(d) Street No. OWENSVILLE ROUTE 1
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PEARL ELLEN AUSTEMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 15
year 1945 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 1944 to Dec. 15, 1945;
that I last saw her alive on Dec. 13, 1945
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife GEO. AUSTEMAN

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased AUG. 4, 1894
(Month) (Day) (Year)

Immediate cause of death
Adenocarcinoma of left breast with metastases

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>4</u>	<u>11</u>	hr. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

9. Birthplace VER SAILLES MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business _____

MOTHER FATHER

12. Name GEO. MILLNER

13. Birthplace _____ MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name SUSAN GEHART

15. Birthplace _____ MISSOURI
(City, town, or county) (State or foreign country)

Major findings: Adenocarcinoma of left breast - grade II

Of operations _____

Of autopsy None

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

16. (a) Informant GEO. AUSTEMAN

(b) Address OWENSVILLE MO ROUTE 1

17. (a) BURIAL (b) Date thereof 12-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BEEBONT METHOPIST CEM.

18. (a) Signature of funeral director Mrs. N. N. Winters

(b) Address Owensville Mo

19. (a) 12/18/45 (b) Mrs. Ray Scheperskutter
(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 Paul D. Brunner (M.D. or other) MD

Address Owensville, Mo Date signed 12-15-45

1595

RECEIVED

District Health Officer- No. 9,

District File Number.....

Date Filed

7-10-46

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Melford H. Winter

Licensed Embalmer No.

3838

P. O. Address

Owensville 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.