

Delayed

Registration District No. 119

Primary Registration District No. 5437

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural "Bourboise Sup"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) Lifetime

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 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA ERNSTENA GLASER

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 Henry W. Glaser 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased September 17 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>16</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Carl Dieball
13. Birthplace _____ Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Dieball
15. Birthplace _____ Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julius Vohs
(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof Jan. 5 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bem Evangelical Cem.

18. (a) Signature of funeral director Myford W. Winter

(b) Address Owensville, Mo.

19. (a) Jan 11, 1952 (b) Clyde B. Bridger
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1946 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 1937 to 1-3 1946
that I last saw her alive on 1-3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure
Due to _____
Due to _____

Duration 4 Days

Other conditions (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 Chas. A. ... (M. D. or other) _____
Address Owensville, Mo. Date signed 1-9-46

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

MOTHER FATHER

1-11-52
Certificate received from Mrs Dorothy Wallace
Owensville, Mo. She stated she found it
in her old files.
C. H. B.

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 Harold H. 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.