

FILED APR 3 1946

Registration District No. 119

Primary Registration District No. 5442

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Bersburg
(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 of location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 75 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME OTILIA AUGUSTA KACHUR

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 Frank Kachur 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased: Dec 6 1900
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Friedrichsburg Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Whetwine
13. Birthplace Gasconade Mo. (City, town, or county) (State or foreign country)
14. Maiden name Matilda Madrow
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Frank Kachur
(b) Address Marion, Mo. R.1.

17. (a) Burial (b) Date thereat 3-8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedrichsburg Mo.

18. (a) Signature of funeral director Amold

(b) Address Marion Mo.

19. (a) 3/8/46 (b) Amold
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 5TH
year 1946 hour 5 minute - P.M.

21. I hereby certify that I attended the deceased from 2/28/46 to 3/5/46
that I last saw her alive on 3/5/46
and that death occurred on the date and hour stated above.

Immediate cause of death: Peripheral Circulatory Failure Minutes
Due to Pulmonary Embolism Minutes
Due to Thrombosis (Femoral venous) Probably 3 months

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

Major findings: Of operations _____

Of autopsy 99!

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Dr. von Baskin (M. D. or other) Dr.
Address Marion, Mo. Date signed 3/2/46

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

7962

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

4-10-46

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.....

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

Signed

Hughes & Blum

Licensed Embalmer No.

3160

P. O. Address

Herman

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.