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

FILED JUN 13 1946

State File No. _____

Registration District No. 225

Primary Registration District No. 4335

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town Tipton 2
(If outside city or town limits, write "RURAL")
(d) Street No. No street numbers 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME Mary A. Wermelskirchen

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July, 26th, 1968
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 10 3 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

MOTHER FATHER { 12. Name Joseph Wermelskirchen

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Eva Afton

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gusta Wermelskirchen

(b) Address Tipton, Mo.

17. (a) Burial (b) Date thereof 5/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

Catholic Cemetery, Tipton, Mo.
(c) Place: burial or cremation

18. (a) Signature of funeral director Louis J. Schmitt

(b) Address Tipton Mo.

19. (a) 5-31-46 (b) Mrs. Maude Hudson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1946 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 5/11, 1946, to 5/29, 1946
that I last saw her alive on 5/29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac deficiency

Due to Ovarian malignancy

Due to _____

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

Major findings:
Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
Of autopsy _____

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)
(c) Means of injury _____

23. Signature J. F. Potts (M. D. or other) _____

Address Tipton Date signed 5/29/46

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-12-46

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 Louis S. Imhoff
.....
Licensed Embalmer No. 376
P. O. Address Tipton 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.

Registration District No. 225

Primary Registration District No. 4330

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Foster
(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 _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Mary A. Wermelakuchen

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

(a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

13. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 29
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to uterine body carcinoma.

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings: Of operations _____
Of autopsy 4-86
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 _____
23. Signature J. F. Potts (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

16726

17445