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

...T OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19846

Registration District No. 80 Primary Registration District No. 5307 Registrar's No.

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Lohman, Rural-Moreau
(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)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole 26

(c) City or town Lohman 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 1½ South 0
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Annie Maggie Pistel

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife John Nick Pistel

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

7. Birth date of deceased June (Month) 27 (Day) 1862 (Year)

8. AGE: Years 83 Months 11 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Lohman (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Nicklaus Gemeinhardt 0
13. Birthplace Lohman (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Linhardt
15. Birthplace Lohman (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Christ Pistel

(b) Address Lohman, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-46 (Month) (Day) (Year)

(c) Place: burial or cremation Lohman Luth Cem.

18. (a) Signature of funeral director H. H. Schubert

(b) Address Russellville, Mo.

19. (a) June 18 (Date received local registrar) (b) Mrs. Minnie Hittenmeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1946 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 6, 1946, to June 16, 1946 that I last saw her alive on June 15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Gastrointeritis	10 days
Due to	
Due to	
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:

(c) 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 0

23. Signature Walter L. Leslie (M. D. or other)

Address Russellville, Mo Date signed 6-18-46

70

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-2-46

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 Hugo H Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville 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.