S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21063

Registration District No. 273 Primary Registration District No. 5918 Registrar's No. 46

1. PLACE OF DEATH:
(a) County: Perry
(b) City or town: Rural Salem
(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 71-2-9 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Perry 79
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Bertha C, Koenig Koenig
3. (b) If veteran, name war:
3. (c) Social Security No. None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Oscar Koenig
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 14 (Day) 1875 (Year)
8. AGE: Years 71 Months 2 Days 9 If less than one day hr. min.
9. Birthplace: Perry Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
FATHER 12. Name: Carl Buettner
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Johanna Rueter
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Oscar Koenig
(b) Address: Menfro Mo RFD
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-25-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Farrar Mo.
18. (a) Signature of funeral director: Young & Sons.
(b) Address: Perryville Mo.
19. (a) 5-24-46 (Date received local registrar) (b) Jos J Zellmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd year 1946 hour / minute M.
21. I hereby certify that I attended the deceased from April 5, 1946, to May 23rd 1946, that I last saw her alive on May 20th 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: Arteriosclerosis, General	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: Bd

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): No
(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) 11
While at work? (e) Means of injury:
23. Signature: Theodore Fischer (M. D. or other) M.D.
Address: Altenburg, Mo Date signed 5/23/46

250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 146-2367

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.