

FILED SEP 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. 26664

Registration District No. 80

Primary Registration District No. 4142

Registrar's No. 15

1. PLACE OF DEATH

(a) County Cole
(b) ~~City or town~~ Russellville Missouri
(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 _____
years, months or days

3. (a) PRINT FULL NAME ANNA E. HUFENDIEK

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 widowed

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

7. Birth date of deceased. Dec 2 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Siebald 4

13. Birthplace Hess-Cath Germany
(City, town or county) (State or foreign country)

14. Maiden name Barbra Braden

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

16. (a) Informant Mrs R. T. Campbell

(b) Address Russellville Mo.

17. (a) Burial (b) Date thereof 9-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENLOECEN

18. (a) Signature of funeral director _____

(b) Address Russellville Mo.

19. (a) Sgt. J (b) Mrs. Minnie Nettumeyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

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

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1946 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 15 1946 to Aug 30 1946
that I last saw her alive on Aug 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hepatitis
Anna - Waldenue

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 0

23. Signature Walter L. Lusk (M. D. or other) 0

Address Russellville, Mo Date signed 9-1-46

Physician
Underline the cause to which death should be charged statistically.

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

26
0
0

25010

RECEIVED
District Health Officer No. 9,
District File Number 9-46-28
Date Filed 9-4-46

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

G. Steffens

Licensed Embalmer No. 2307

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, above space should be left blank.