

FILED AUG 20 1946

Registration District No. 178 Primary Registration District No. 5570

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Levasy (rural)
(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 _____ (Specify whether)
In this community 47 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Levasy (rural)
(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 Edward H. Telgemeier

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

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

7. Birth date of deceased December 28 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer
His own farm

11. Industry or business _____

12. Name Herman Telgemeier

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

14. Maiden name Wilhelmena Reindick

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

16. (a) Informant Mrs. Elda Twiehaus. (Dau.)

(b) Address Levasy, Mo.

17. (a) burial (b) Date thereof 8-4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Levasy Cemetery

18. (a) Signature of funeral director T. M. Rappert

(b) Address Buckner, Missouri

19. (a) 8-3/46 (b) T. M. Rappert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1946 hour 8:00 p.m. M.

21. I hereby certify that I attended the deceased from July 21, 1946 to 8-2-1946;
that I last saw him alive on 8-2-1946, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 da.

Due to Hypertension

Due to _____

Other conditions 1
(Include pregnancy within 3 months of death)

Major findings: \$30
Of operations _____

Of autopsy no

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? X (Specify type of place) (e) Means of injury X

23. Signature John W. Robertson (M.D. or other) 8-3/46
Address Buckner Mo. Date signed _____

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

MOTHER FATHER

SÉP 12 1947

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.....

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

Signed *J. M. Leppert*

Licensed Embalmer No. *2321*

P. O. Address *Buckner 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.