

FILED NOV 14 1946

Registration District No. 111

Primary Registration District No. 5426

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural Bates Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.I.D. # 2 Pacific Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. Pacific R.I.D. # 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Augusta Wunderlich

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Charles Wunderlich

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan. 1893
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>53</u> | <u>9</u> | <u>14</u> | hr. min. |

9. Birthplace Pacific Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name George Ruede

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

14. Maiden name Elizabeth Ruede

15. Birthplace St. Louis Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Wunderlich

(b) Address R.I.D. # 2 Pacific Mo

17. (a) Burial (b) Date thereof 10-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific Mo

18. (a) Signature of funeral director Geo. Ruede

(b) Address Pacific Mo.

19. (a) 12/14/46 (b) Thos. J. [unclear]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1946 hour 6 minute 35 AM.

21. I hereby certify that I attended the deceased from Oct 17
to Oct 29, 1946,
that I last saw her alive on 29 Oct, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA of the UTERUS + URINARY BLADDER, with metastasis throughout - SIGMOIDUM.

Duration 2

Due to OBSTRUCTION

Other conditions PYELITIS + ENTERIC PARASITES

(Include pregnancy within 3 months of death)

Major findings: Of operation CARCINOMA of the UTERUS, IV STAGE

Of autopsy 4613

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 W. J. [unclear] (M. D. or other) _____

Address Pacific Date signed 10/30/46

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-13-46

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 Geo. L. Wheeler

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.