

STANDARD CERTIFICATE OF DEATH

FILED SEP 18 1946

Registration District No.

Primary Registration District No. 5-915

1. PLACE OF DEATH:

(a) County PERRY
(b) City or town RURAL CENTRAL TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
PERRYVILLE, MO ROUTE #2
(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)

3. (a) PRINT FULL NAME MARY KATHRYN UNTERREINER

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 MARRIED
6. (b) Name of husband or wife HENRY J UNTERREINER 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased SEPT 14 1878 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 25 hr. min.

9. Birthplace PERRY COUNTY MO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name CHARLES SCHREMPF
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name JULIA KIRN
15. Birthplace PERRYVILLE MO (City, town, or county) (State or foreign country)

16. (a) Informant Henry J Unterreiner
(b) Address PERRYVILLE, MO ROUTE 2
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 12 1946 (Month) (Day) (Year)

(c) Place: burial or cremation ST BARNABAS CEMETERY

18. (a) Signature of funeral director Albert H. Bay

(b) Address PERRYVILLE, MO

19. (a) SEPT 10 1946 (Date received local registrar) (b) Jose J. Williams (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PERRY
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. PERRYVILLE, MO ROUTE #2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th year 1946 hour 1:20 minute AM

21. I hereby certify that I attended the deceased from 15 APRIL 1946, to 9 OCTOBER 1946; that I last saw her alive on 9 OCTOBER 1946; and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE CARDIAC DILATATION Duration 1 DAY

Due to CHRONIC GASTRITIS 10 YEARS

Due to MAUNUTRITION 5 YEARS

SECONDARY ANEMIA 2 YEARS

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:

(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 L. W. Fields (M. D. or other)

Address Perryville, Mo. Date signed 10 Oct 1946

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

RECEIVED

Health Officer No. 4
File Number 1046-2766
Date Filed 10-17-46

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

LeRoy J. Schindler

Licensed Embalmer No.

4175

P. O. Address

Ferryville, 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.