No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

Registration District No. 118

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36619

Primary Registration District No. 4188

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Owensville
(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 years, months or days)

In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 31

(c) City or town Owensville 2
(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 MARY HOBEIN

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 August William Hobein

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

7. Birth date of deceased October (Month) 22 (Day) 1862 (Year)

8. AGE: Years 84 Months 1 Days 8 If less than one day - hr. - min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frederick W. Tappmeyer II
13. Birthplace - (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Meyer
15. Birthplace - (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Ruth Winter
(b) Address Owensville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 2 (Day) 1946 (Year)
(c) Place: burial or cremation Owensville City Cemetery

18. (a) Signature of funeral director Milford W. Winter
(b) Address Owensville Mo.

19. (a) 12-7-46 (Date received local registrar) (b) Dorothy Hackman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Nov 29 1946 to Nov 30 1946 that I last saw her alive on Nov 29 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertension	
Due to:	
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? (Specify type of place) 2

While at work? (e) Means of injury

23. Signature S. H. Bradley (M. D. or other) M.D.

Address Owensville, Mo. Date signed Dec 2-46

365

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-5-46

MAY 22 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 Mr

, Registered Apprentice No.

working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.