S. No. 2
f—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40163

Registration District No. 162 Primary Registration District No. 642 8 (5428) Registrar's No. 30

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Leslie Mo. Lyon Twp
(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) 7 yrs.
In this community 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Leslie Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna M. Julius
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Henry J. Julius Sr
6. (c) Age of husband or wife if alive 78 years
7. Birthdate of deceased Dec. 6 (Month) 45 (Day) 1873 (Year)

8. AGE: Years 71 Months 7 Days 17. If less than one day hr. min.

9. Birthplace Neer Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER
12. Name Ferdinand Wunderlich 4
13. Birthplace Germany (City, town, or country) (State or foreign country)
FATHER
14. Maiden name Anna Maurer d
15. Birthplace Germany (City, town, or country) (State or foreign country)
16. (a) Informant Henry J. Julius
(b) Address Leslie Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Holy Family Cem
18. (a) Signature of funeral director E. M. Lemmel
(b) Address Beaufort Mo
19. (a) 11-23-46 (Date received local registrar) (b) J. L. Matthews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1946 hour 12 Noon minute M.
21. I hereby certify that I attended the deceased from Nov 17 1946 to Nov 23 1946 that I last saw he was alive on Nov. 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy — Duration 7 da.
Due to: Chronic Arterial Hypertension
Due to:
Other conditions (Include pregnancy within 3 months of death): Chron Myocarditis
Major findings: Of operation: No operation
Of autopsy: No 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)
While at work (e) Means of injury
23. Signature J. L. Matthews M.D. (M. D. or other)
Address Beaufort Mo Date signed 11-23-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JAN 8 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 E. H. Lemme, Registered Apprentice No. ....., working under my personal supervision.

Signed E. H. Lemme

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.