

FILED JAN 29 1947

Registration District No. 211

Primary Registration District No. 5777-4324

Registrar's No. 12-46

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Tusculum, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME JULIA AUGUSTA CORDSMEYER

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 GUSTAVUS CORDSMEYER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 31 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace DANVERS ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Charles Simpson

(b) Address Insumption, Mo.

17. (a) Burial (b) Date thereof 12 7 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: _____

18. (c) Signature of funeral director Loren L. Adams
(b) Address Adrian, Mo.

19. (a) Dec. 7-1946 (b) Mrs. Richard L. Wright
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. No. 2 Vichy, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5th
year 1946 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from JUNE
1943 to Dec 5th 1946
that I last saw her alive on Dec 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 hrs.

Due to Arterial renal Vascular Disease years

Due to _____

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

Major findings:
Of operations 131A
Of autopsy _____

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? 2

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature M. E. Humphrey (M. D. or other) D.O.
Address Insumption, Mo. Date signed 12-7-46

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

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

Signed Loran L. Adams
Licensed Embalmer No. 4207
P. O. Address Shreve, 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.