

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4379

State File No. _____

Registration District No. 77Primary Registration District No. 3016Registrar's No. 34

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Marys Hospital (1)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution four weeks
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Anna Mengwasser

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 Peter L. Mengwasser 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased Aug 17th, 1872
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 29 hr. min.9. Birthplace RichFountain, Mo. (City, town, or county) (State or foreign country) 010. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Theo Radmacher 0
 { 13. Birthplace RichFountain, Mo. (City, town, or county) (State or foreign country) 0
 { 14. Maiden name Elizbeth Boehm
 { 15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Theo Mengwasser(b) Address RichFountain, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/47 (Month) (Day) (Year)(c) Place: burial or cremation RichFountain, Mo.18. (a) Signature of funeral director Clayton Weston(b) Address Linn, Mo.19. (a) 2-18-47 (Date received local registrar) (b) R. P. Davis MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76
 (c) City or town RichFountain, Mo. (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 1
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16th, year 1947 hour 3 minute - pm.21. I hereby certify that I attended the deceased from Sept. 30, 1946 to Feb. 16, 1947, that I last saw her alive on Feb. 16, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Due to arteriosclerotic heart disease
 Due to _____

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

Major findings: _____

Of operations _____

Of autopsy 930

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 023. Signature J. A. Osborn MD (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 2/15/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 25 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 Vernon M. Morton
Licensed Embalmer No. 4125
P. O. Address Leim

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.