

1. PLACE OF DEATH:
 (a) County Iron
 (b) City or town Ascadia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Ursuline Academy 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 5 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Iron **47**
 (c) City or town Ascadia (If outside city or town limits, write "RURAL") **2**
 (d) Street No. Ursuline Academy (If rural, give location) **0**
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mother Augustine Edmunds
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February, 11
 year 1947 hour 11 minute 7 P.M.
21. I hereby certify that I attended the deceased from 1-18
1947, to 2-11, 1947
 that I last saw her alive on 2-10, 1947
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: October, 10, 1863
 (Month) (Day) (Year)

Immediate cause of death: Myocarditis
 Due to Coronary Sclerosis

8. AGE: Years 83 Months 4 Days 1 If less than one day _____ hr. _____ min.

Due to _____
 Other conditions: Myocarditis Chronic
 (Include pregnancy within 3 months of death)

9. Birthplace: Kreuzgau Germany
 (City, town, or county) (State or foreign country)
 10. Usual occupation: Teaching

Major findings: none **13**
 Of operations _____
 Of autopsy no
PHYSICIAN _____
 - Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Sigismund Edmunds **4**
 13. Birthplace Germany (City, town, or county) (State or foreign country)
 14. Maiden name Margaretha Picardt **14**
 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mother M. Anita Mueller
 (b) Address Ursuline - Ascadia Missouri
 17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 13 1947
 (Month) (Day) (Year)
 (c) Place: burial or cremation: Convent cemetery

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 0

18. (a) Signature of funeral director: Norman White
 (b) Address Ascadia Mo
 19. (a) 2-15-47 (Date received local registrar) (b) Mrs. Anita Jones (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
 Address Ascadia, Mo Date signed 2-11-47

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

Health Officer No: 4
District File Number 247-247
Date Filed 2-20-47

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 Arnell J. White
Licensed Embalmer No. 3017
P. O. Address Proctor Ave

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.