

FILED APR 18 1947

Registration District No. 18 1847

Primary Registration District No. 5320

Registrar's No. 6

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town PALESTINE (RURAL)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

(c) City or town PALESTINE (RURAL)
(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 MRS ANNA MARIE KOTTEMAN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28th
year 1947 hour 5 minute P. M.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____

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

21. I hereby certify that I attended the deceased from Mar 18th 1947, to Mar 28th 1947, that I last saw him alive on Mar 28th 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc Pneumonia

7. Birth date of deceased OCT. 12 - 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>5</u>	<u>16</u>	hr. _____ min.

Due to Influenza 33A 2 days

Due to _____

9. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

Other conditions Severe debility

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

MOTHER FATHER

12. Name HENRY HEIN

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

14. Maiden name KATHERINE TIGEON

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS HERBERT TINDLE

(b) Address ST. LOUIS, MO.

17. (a) BURIAL (b) Date thereof 3/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LONE ELM CEMETERY

18. (a) Signature of funeral director STEGNER

(b) Address BOONVILLE, MO.

19. (a) 4-2-47 (b) Kellie Mullett
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature W.H. Travis (M. D. or _____)

Address Boonville, Mo Date signed Mar 31/47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-17-47

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 _____

FRED HARRIS

Registered Apprentice No. 476

working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE, 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.