No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 27 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17054

Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 41

36
1
7

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

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City or town NEW HAVEN MO BOEUF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County FRANKLIN 36
(c) City or town NEW HAVEN MO. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUISE MARIA KORFF
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife AUGUST KORF SR.
6. (c) Age of husband or wife if alive 185 years
7. Birth date of deceased 3 (Month) 11 (Day) (Year)

8. AGE: Years 91 Months 2 Days 6 If less than one day hr. min.
9. Birthplace Bear Creek Mo. (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name Henry Holmann
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY Kappelmann
15. Birthplace Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Louis Pelster
(b) Address New Haven Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bear Creek
18. (a) Signature of funeral director W. C. PERTIG & SON
(b) Address NEW HAVEN, MO.
19. (a) May 20-47 (Date received local registrar) (b) Jeffie Grammenau (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1947 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from Aug. 30, 1946, to May 17, 1947; that I last saw her alive on May 17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration
Due to
Due to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 G. W. Held (M. D. or other) D.O.
Address New Haven, Mo. Date signed 5/19/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 5-26-42

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 nil

Registered Apprentice No.

working under my personal supervision.

Signed Earl C. Fertig

Licensed Embalmer No. 3385

P. O. Address New Haven 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.