

FILED MAY 16 1947

State File No.

Registration District No. 112

Primary Registration District No. 5429

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Belle R.R. 1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: at 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 7 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Leslie R.R. 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th  
year 1947 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 29 1947 to Apr. 11 1947  
that I last saw her alive on May 29 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis  
Not known

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93F

Major findings: Of operations No operation

Of autopsy No Autopsy

PHYSICIAN

Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature J. L. Matthews (M. D. or other)  
Address Beaufort Mo Date signed 4-23-47

3. (a) PRINT FULL NAME Maria J. Ed Luethemeyer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fred W. Luethemeyer 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 19th 1872  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Marshallville Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

12. Name Herman H. Hinna

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

14. Maiden name Winnie Beerbaum

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

16. (a) Informant Fred W. Luethemeyer

(b) Address Leslie Mo

17. (a) Reburial (b) Date thereof 4/15/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshallville Mo.

18. (a) Signature of funeral director E. F. Ottman

(b) Address Union Mo

19. (a) 4-13-47 (b) J. L. Matthews  
(Date received local registrar) (Registrar's signature)

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 5-15-47

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 E. F. Ottman

Licensed Embalmer No. 1686

P. O. Address Union 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.**