

FILED AUG 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23779  
Registrar's No. 21-1947

Registration District No. 06

Primary Registration District No. 4149

1. PLACE OF DEATH:

(a) County Crawford  
(b) City or town Cuba  
(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 38 years  
years, months or days)

3. (a) PRINT FULL NAME Anna R. Dethman

3. (b) If veteran, name war None 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 Chas. 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased Jan. 27 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 6 6 hr. min.

9. Birthplace Dundee Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER } 12. Name William Radke  
13. Birthplace Unavailable Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Fredericka Ameling  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Freda Kapeller  
(b) Address Cuba, Missouri  
17. (a) Burial (b) Date thereof Aug. 6, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinder Cemetery  
18. (a) Signature of funeral director Shoemaker  
(b) Address Cuba, Missouri  
19. (a) 8-4-47 (b) Anna R. Dethman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2  
year 1947 hour One minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 14 1946 to Aug 2 1947  
that I last saw her alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

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

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

Other conditions: Hypertension  
(Include pregnancy within 3 months of death)

Major findings: of operations

Of autopsy: \_\_\_\_\_

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: W. E. D. Berger (M. D. or other)  
Address: Cuba, Mo. Date signed: Aug 4 1947

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

NOV 20 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.....

*James R. Chapman* Registered Apprentice No. 2  
working under my personal supervision.

Signed *Paul C. Kunkle*  
Licensed Embalmer No. 3477  
P. O. Address Weta, 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.