

S. No. 2  
DM-2-43  
7-5-17-39  
X35697

State File No. \_\_\_\_\_

FILED AUG 26 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 224

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Wicksville  
(If outside city or town limits, write "RURAL" and name of township.)  
(c) Name of hospital or institution: A.S.O. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan  
(c) City or town Milan  
(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 Ida Ellen Michael

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife E. D. Michael  
6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased Dec 11 1867  
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 24  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Knobwurst ttto.

11. Industry or business House Wife

MOTHER FATHER { 12. Name John W. Ball  
13. Birthplace don't know 9  
14. Maiden name Rebecca Vandeventer  
15. Birthplace don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carl Ward 1  
(b) Address Milan Mo

17. (a) Burial (b) Date thereof 8/7/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owasco Cem

18. (a) Signature of funeral director Schmer

(b) Address Milan Mo

19. (a) 8-22-47 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5  
year 1947 hour 9 minute 42 P M.  
21. I hereby certify that I attended the deceased from July 31  
1947, to Aug 5 1947;  
that I last saw her alive on Aug 5 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Medullary paralysis Duration 2 hrs  
Due to thrombotic encephalomalacia years  
Due to arteriosclerosis years

Other conditions hypertensive heart disease  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy g. b.  
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) (e) Means of injury 2

23. Signature M. T. Guttenberg or other D.O.  
Address Wicksville, Mo Date signed 8-5-47

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

comes from mo

RECEIVED  
District Health Officer No. 10  
District File Number 8-47-1098  
Date Recd: AUG. 25. 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Dwight Schaefer  
Licensed Embalmer No. 2667  
P. O. Address Milan 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.