S. No. 2
OM—2-43
v. 5-17-39
I X35637

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30879

Registration District No. 118
Primary Registration District No. 4188
Registrar's No. 62

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

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Owensville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ______ In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade 37
(c) City or town Owensville (If outside city or town limits, write "RURAL") 2
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Bertha Louise Woemmel
3. (b) If veteran, name war *
3. (c) Social Security No. *
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased September 19 1870 (Month) (Day) (Year)
8. AGE: Years 76 Months 11 Days 11 If less than one day ___ hr. ___ min.
9. Birthplace Drake (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Frederick Ludwig Woemmel
FATHER 13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Henrietta Klemme
MOTHER 15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Albert Weiss
(b) Address Owensville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-'47 (Month) (Day) (Year)
(c) Place: burial or cremation Ev. Cem. Owensville, Mo.
18. (a) Signature of funeral director Milford H. H. Winter
(b) Address Owensville, Mo.
19. (a) Sept. 9, 1947 (Date received local registrar) (b) Dorothy Hackmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1947 hour ___ minute ___ M.
21. I hereby certify that I attended the deceased from July 6, 1947, to Aug. 30, 1947, that I last saw her alive on Aug. 30, 1947, and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Chronic Myocarditis with Terminal Decompensation	7 wks.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Abscess-Lt. cervical lymph node	2 wks.
Major findings: Of operations None	
Of autopsy None	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Paul A. Brunner (M. D. or other) M.D.
Address Owensville, Mo. Date signed 9-3-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 18 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.....
Harvey Kahle, Registered Apprentice No. 9,
working under my personal support.

Signed Melford N. Winter
Licensed Embalmer No. 3838
P. O. Address Owensville, Ind.

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.