

FILED SEP 30 1947

Registration District No. **263**

Primary Registration District No. **4632**

Registrar's No. **13**

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

1. PLACE OF DEATH:

(a) County **Warren**
(b) City or town **Marthasville**
(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 **life** (Specify whether
In this community **life** years, months or days)

3. (a) PRINT FULL NAME **Caroline Emma Johannaber**

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 **Widowed**

6. (b) Name of husband or wife **Fred Johannaber**
6. (c) Age of husband or wife if alive **10** years

7. Birth date of deceased **February 10, 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 **7** **11** hr. min.

9. Birthplace **Warren County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

MOTHER FATHER { 12. Name **William Thee**
13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Caroline Meyer**
15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Oscar Johannaber**
(b) Address **Marthasville, Mo.**

17. (a) **Burial** (b) Date thereof **9-25-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Marthasville, Mo.**

18. (a) Signature of funeral director **F.W. NIEBURG & CO.**
(b) Address **Warrenton Mo.**

19. (a) **9/24/47** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Warren** /09
(c) City or town **Marthasville**
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **21**
year **1947** hour **7:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **Aug 10**, 19**47** to **Sept 21**, 19**47**
that I last saw her alive on **Sept 21**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocarditis** Duration **2 days**
Due to **chronic myocarditis** 10 years
Due to **general arteriosclerosis** 10 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **[Signature]**
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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

23. Signature **[Signature]** (M. D. or other) **M.D.**
Address **Marthasville Mo.** Date signed **9-24-47**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-29-47

JUL 13 1948

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 John Huebing
Licensed Embalmer No. 3897
P. O. Address Warrenton, M

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.