

7. S. No. 2  
DOM-5-43  
ev. 5-17-39  
I X36671

FILED NOV 24 1947

Registration District No. **4**

Primary Registration District No. **3032**

Registrar's No. **125**

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 539 East Bay 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 60 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson **51**

(c) City or town Warrensburg **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. 539 East Bay **2**  
(If rural, give location) **0**

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARTHA ELIZABETH LANDSIEDL

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14  
year 1947 hour 7 minute 0 A. M.

21. I hereby certify that I attended the deceased from 1947  
11-14, 1947, to 11-13, 1947  
that I last saw her alive on 11-13, 1947  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 31 1859  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Generalized arteriosclerosis with gangrene of feet.

Duration 5 yrs 2 months

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>10</u>	<u>13</u>	<u>—</u> hr. <u>—</u> min.

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Wulffow Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name Unknown Wulffow

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

14. Maiden name Unknown

15. Birthplace Unknown Wulffow  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations 97

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

Underline the cause to which death should be charged statistically.

16. (a) Informant Oscar Landsiedl

(b) Address Warrensburg Mo.

17. (a) Burial (b) Date thereof 11-17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg Mo.

18. (a) Signature of funeral director F. L. Schabig

(b) Address Warrensburg Mo.

19. (a) Nov. 15, 1947 (b) S. A. Daniel  
(Date received local registrar) (Registrar's signature)

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 0

Signature Phel Cooper (M. D. or other)  
Address Warrensburg Date signed 11-15-47

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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.....

*Francis Lee Schaberg*....., Registered Apprentice No. *464*  
working under my personal supervision.

Signed..... *J. L. Wilkinson*.....

Licensed Embalmer No. *4376*.....

P. O. Address *Clinton 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.**