

FILED JAN 14 1948

Registration District No. 2

Primary Registration District No. 5797

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Monticau

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

(c) Name of hospital or institution:  
none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Monticau

(c) City or town Fortuna mo Rural  
(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 Native

3. (a) PRINT FULL NAME GERTRUDE - D - HOTSENPILLER

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 - Day 30 year 1947 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from 12-1-47 to 12-28-47, 19... that I last saw her alive on 12-24-47, 19... 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 Married

6. (b) Name of husband or wife Dr. Hotsempiller

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 4 1898  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to arterial Hypertension

Due to .....

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>9</u>	<u>22</u>	..... hr. .... min.

Other conditions... (Include pregnancy within 3 months of death)

Major findings: 87

Of operations: .....

Of autopsies: .....

9. Birthplace Morgan co mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business None

12. Name Frank D Homan

13. Birthplace Smithton mo  
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Rose

15. Birthplace Morgan co mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Hotsempiller Husband  
(b) Address Fortuna mo Rural

17. (a) Smithton mo (b) Date thereof 12-28-1947  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton mo

18. (a) Signature of funeral director James E. Richards  
(b) Address Lepton mo

19. (a) 12-28-47 (b) Mrs. Manda Hudson  
(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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? .....

(e) Means of injury fall

23. Signature H. O. Hume M.D.  
Address Lepton Mo Date signed 12/27/47

PHYSICIAN

Underline the cause of death which should be charged statistically.

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

68  
2  
0

Date Filed 1-13-48

District File Number

District Health Officer No. 9,

RECEIVED  
JAN 19 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 *James E. Richards*  
Licensed Embalmer No. *2466*  
P. O. Address *Lipton 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.