

FILED JAN 16 1948
Registration District No. **2**

Primary Registration District No. **5782**

Registrar's No. **92**

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

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Rural Osage Dam
(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.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME CATHERINE BOECKMANN WIEBERG

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

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1947 hour 2 minute 00 PM

21. I hereby certify that I attended the deceased from Dec. 18
1947, to Dec. 24 1947;
that I last saw her alive on Dec. 23, 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. (b) Name of husband or wife Herman Wieberg 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: Sept 6 1881
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage 7 days

8. AGE: Years Months Days If less than one day

66 3 18 hr. min.

Due to Essential hypertension years

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

Due to.....

10. Usual occupation Housewife

Other conditions Chronic Myocarditis years
(Include pregnancy within 3 months of death)

11. Industry or business.....

Major findings: Of operations.....

12. Name Henry Boeckmann

Of autopsy.....

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

14. Maiden name Christine Boeckmann

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

16. (a) Informant Martha Wieberg

(b) Address 50 Elizabeth Ave, R.R. 1, Osage Dam

17. (a) Burial (b) Date thereof 12/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Anthony's, Mo.

18. (a) Signature of funeral director John A. Deane

(b) Address St. Louis, Mo.

19. (a) 12-26-1947 (b) John S. Schmitt
(Date received local registrar) (Registrar's signature) 1947

PHYSICIAN
Underline the cause of 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?..... Means of injury 21

23. Signature W.M.A. Gould (M. D. or other) D.O.

Address Iberia, Mo. Date signed 12/27/47

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 1/15/48

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 Loran L. Adams
Licensed Embalmer No. 4707
P. O. Address Shirley, W. Va.

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.