. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3957

Registration District No. 34 | Primary Registration District No. 5117 | Registrar's No. 5

10
8

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Hartsburg, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1/4 South of Hartsburg 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Hartsburg 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1/4 South of Hartsburg 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Marie Elizabeth Proett
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 widowed
6. (b) Name of husband or wife ~~Aug~~ | 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug 18 1862 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	5	16	..... hr. ..... min.

9. Birthplace Herman Mo. Gasconade Co (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name Bernard Stoeckline
13. Birthplace Switzerland 5 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ursula Sedient
15. Birthplace Switzerland 5 (City, town, or county) (State or foreign country)
16. (a) Informant Fred Hovelman
(b) Address Hartsburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hartsburg Mo Cem
18. (a) Signature of funeral director Victor Buescher
(b) Address Jefferson City Hartsburg, Mo.
19. (a) 2-12-48 (Date received local registrar) (b) Mrs Mildred Burnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th year 1948 hour 5 minute 45 M.
21. I hereby certify that I attended the deceased from November, 1947, to February, 1947, that I last saw her alive on 2 — 4th, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of Liver	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

1348

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 0
23. Signature C. P. Megee (M. D. ~~or other~~)
Address Hartsburg Date signed 2-12-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

MAR 8 1955

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 Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.