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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1948

Registration District No. 260

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5655

Primary Registration District No. 4391

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Osage

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

(c) Name of hospital or institution: At Home
(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) Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Argyle 0
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Anna Wilhemenia Bathe

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 Single

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

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

7. Birth date of deceased Oct 6th, 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	4	18	hr. ..... min.

9. Birthplace Koeltztown (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation Cook - Housework

11. Industry or business —

FATHER
12. Name George Bathe
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Elizebeth Weinham
15. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Madeline Bathe

(b) Address Argyle, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/48 (Month) (Day) (Year)

(c) Place: burial or cremation Argyle, Mo.

18. (a) Signature of funeral director [signature]

(b) Address Linn, Mo.

19. (a) 2-27-48 (Date received local registrar) (b) Mrs. W. H. Moore (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24th, year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1948 to Feb 24, 1948; that I last saw her alive on Feb 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) LOMERULONEPHRITIS CHRONIC —	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to 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? ..... (e) Means of injury 2

23. Signature W H Moore D.O. (M.D. or other)

Address Argyle Mo Date signed 2-27-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 3/3/48
Date Filed

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lee, 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.