

FILED FEB 27 1948
Registration District No. 2483

Primary Registration District No. 5916

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Biehle
(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)

3. (a) PRINT FULL NAME Mary Wilhelmina Trapps
3. (b) If veteran, name war
3. (c) Social Security No. None

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 March 7, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 11 6 hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Anton Trapps

13. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Biehle

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

16. (a) Informant Anton Trapps

(b) Address Biehle

17. (a) (Burial, cremation, or removal) (b) Date thereof 2-16-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Biehle Catholic Cem

18. (a) Signature of funeral director Bey Funeral Home

(b) Address Perryville, Mo.

19. (a) Feb 16, 1948 (Date received local Registrar's signature) (b) Registrar's signature Joseph Zellman

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry
(c) City or town Biehle
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 7-13-1948 to 7-13-1948
that I last saw h.b.r. alive on 2-13-1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial failure

Due to Chronic Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

(e) Means of injury

23. Signature Carl Weidman (Date received local Registrar's signature) 2-14-1948

Address Perryville, Mo. Date signed

Address

Address

Address

Address

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

RECEIVED

Sanitary Health Officer No. 4
Sanitary File Number 248-228
Date Filed 2-26-48

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.....

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.