

FILED APR 12 1948

Registration District No. 273

Primary Registration District No. 5918

Registrar's No. 787

1. PLACE OF DEATH:

(a) County **Perry**
(b) City or town **Rural Salem**
(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:
In this community **78-3-12**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Emma A. Verseman**

3. (b) If veteran, name war: **None** 3. (c) Social Security No. **None**

5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
4. Sex **Female** 6. (b) Name of husband or wife **Henry Verseman**
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased **November 23 1869**
(Day) (Year)

8. AGE: **78** Years **3** Months **12** Days
If less than one day hr. min.

9. Birthplace **Cape Girardeau Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business:

12. Name **Herman Koenig**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Maria Kasten**
15. Birthplace **Cape Girardeau Co., Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Verseman**
(b) Address **Farrar Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-9-1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **Farrar Mo.**

18. (a) Signature of funeral director **Young & Sons**
(b) Address **Perryville, Mo.**

19. (a) **3-9-48** (Date received local registration) (b) **Joseph J. Gethner** (Physician's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**
(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? (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5** year **1948** hour **10** minutes **20** M.

21. I hereby certify that I attended the deceased from **Oct. 5th 1939** to **March 5 1948**
that I last saw **h&T** alive on **March 3rd 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Duration **Years**

Due to **Arteriosclerosis, General** **Years**

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?
(Specify type of place)

While at work: (Specify type of work) (e) Means of injury
23. Signature **Theodore Fischer** (M. D. or other) **4-8**
Address **Altamburg, Mo.** Date signed **3/8/48**

RECEIVED

Health Officer No. 4

Number 448-461

4-10-48

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.....

Walter Young

Licensed Embalmer No.

4027

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.