No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9696

Registration District No. 274 — Primary Registration District No. 5935 — Registrar's No. 66

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

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4000 South Kentucky
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... two years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis 80
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: 4000 South Kentucky
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Anna Lissetta Poertner
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Clarence Poertner
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: July 9, 1897 (Month) (Day) (Year)

8. AGE: Years 50 | Months 7 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace: Concorida Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ****
FATHER
12. Name: John Dittmer
13. Birthplace: Jefferson County, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Groege
15. Birthplace: Concordia, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Ralph Poertner (son)
(b) Address: 4000 S. Kentucky, Sedalia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Concordia, Mo.
18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Mo.
19. (a) 3/6/48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature) 251

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 4
year 1948 hour 2 minute P. M.
21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ as coroner
3/4/48, 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: coronary occulsion	
Due to: coronary Thrombosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

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? ..... (e) Means of injury 2

23. Signature: Dr. K. L. Holden (~~M.D.~~ or other) D.O.
Address: 315 Ily. Bldg., Sedalia, Mo. Date signed: 3/4/48

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-19-48

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 Warren K. Dietz, Registered Apprentice No. 70, working under my personal supervision.

Signed Duane Ewing
Licensed Embalmer No. 3847
P. O. Address Sedalia 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.