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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12103  
Registrar's No. 11

FILED MAY 14 1948

Registration District No. 179

Primary Registration District No. 4193

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

1. PLACE OF DEATH:

(a) County Gasconade

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

(c) Name of hospital or institution: Workman Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether)

In this community Entire lifetime  
years, months or days

3. (a) PRINT FULL NAME Adelia Obenhaus

3. (b) If veteran, name war -----

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Obenhaus 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 13 1896  
(Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name August Hesse

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Moore

15. Birthplace Americus Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Obenhaus

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 4-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director Hugos Hesse

(b) Address Hermann, Mo

19. (a) 4/22/48 (b) Born and well  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

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

(d) Street No. 9th & Jefferson Sts 0  
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1948 hour 1 minute A M.

21. I hereby certify that I attended the deceased from April 15 48 to April 21 48, 1948.  
that I last saw her alive on April 21 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration 6 mo.

Due to Unknown.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95C

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Cavel T. Shaw, M.D. (M. D. or other)

Address Hermann, Mo. Date signed 4-21-48

MAY 13 1948

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed MAY 13 1948

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 *Hugost. Mueller*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.