

No. 2
8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15253**
Registrar's No. **14**

Registration District No. **262**

Primary Registration District No. **6234**

1. PLACE OF DEATH:
(a) County **Warren**
(b) City or town **Hawk Point (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45**
(Specify whether years, months or days)
In this community **45 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Warren** **109**
(c) City or town **Hawk Point (Rural)** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **Home** (If rural, give location) **0**
(e) Citizen of foreign country? **No.** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Caroline Werges**
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 **Dec** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **10 20 1856**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **19**
year _____ hour **3:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **April 14**, 19**48**, to **April 19**, 19**48**;
that I last saw her alive on **April 19**, 19**48**;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	91	5	29	hr. _____ min. _____

Immediate cause of death **Cerebral Thrombosis** **24 hrs.**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Warren co Mo** (City, town, or county) (State or foreign country) **0**
10. Usual occupation **Retired Housewife**
11. Industry or business **General duties**
MOTHER FATHER { 12. Name **Frederic Schwartz**
13. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**
14. Maiden name **Catherine Haffersick**
15. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**
16. (a) Informant **Ed Werges**
(b) Address **Bellflower Mo.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-21-1948**
(Month) (Day) (Year)
(c) Place: burial or cremation **Zion Cem Truxton Mo.**
18. (a) Signature of funeral director **Oliver A Jones**
(b) Address **Bellflower Mo.**
19. (a) **4/21/48** (Date received local registrar) (b) **Mrs. Bernille Werges** (Registrar's signature) **4/21/48**

Major findings: **83B**
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? _____ (c) Means of injury _____
23. Signature **Alvin W. Macke** (M. D. or other) **27.0**
Address **Warrenton Mo.** Date signed **4/21/48**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number
MAY 1 1948
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..... *Cland H Jones*.....
Licensed Embalmer No..... 2973.....
P. O. Address..... Bellflower 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.