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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1948

Registration District No. ~~[illegible]~~ 165

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15948

Primary Registration District No. ~~5~~ 5433

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: Franklin Co
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 36

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John F. Tessmer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Alvina Tessmer

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb. (Month) 25 (Day) 1869 (Year)

8. AGE: Years 79 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John F. Tessmer
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Salma Steinmann
15. Birthplace (City, town, or county) Switzerland 3 (State or foreign country)

16. (a) Informant Alvina Tessmer
(b) Address Beaufort Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Jeffriesburg Mo.

18. (a) Signature of funeral director E. H. Tenfue
(b) Address Beaufort Mo.

19. (a) May 21-1948 (Date received local registrar) (b) F.T. Cooper Ex (Registrar's signature) 4 X

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 19
year 1948 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 12, 1948 to May 19, 1948;
that I last saw him alive on May 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy — Duration 8 da

Due to General Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 8 3 [illegible]

Major findings: Of operations No Operation

Of autopsy No 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. L. Mallhaus (M. D. or other)

Address Beaufort Mo Date signed 5-21-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 25 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 E. H. Lemme, Registered Apprentice No.
working under my personal supervision.

Signed E. H. Lemme

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.