

Registration District No. 52

Primary Registration District No. 0783

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Rural
(c) Name of hospital or institution: Jackson mo R #3
(d) Length of stay: In hospital or institution

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Rural
(d) Street No.: Jackson mo R #3
(e) Citizen of foreign country? no

In this community _____ years, months or days

3. (a) PRINT FULL NAME: Alma Wilhelm
3. (b) If veteran, name war: _____
3. (c) Social Security No. _____

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: August Wilhelm
6. (c) Age of husband or wife if alive: 22 years
7. Birth date of deceased: Sept 22 1874

8. AGE: 73 Years 8 Months 28 Days

9. Birthplace: Jackson mo

10. Usual occupation: Housework

11. Industry or business: _____

12. Name: Henry Koehler

13. Birthplace: Germany

14. Maiden name: Magdalene Loebe

15. Birthplace: Jackson mo

16. (a) Informant: Lillie Wilhelm

(b) Address: Jackson mo

17. (a) Burial, cremation, or removal: Burial
(b) Date thereof: 6/22/48
(c) Place: burial or cremation: St. Johns Cemetery

18. (a) Signature of funeral director: J. L. Tombs

(b) Address: Jackson mo

19. (a) Date received local registration: 6-21-48
(b) Registrar's signature: D. E. Seiber

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: June 20th day 20th year: 1948 hour: 9:00 minute: 20 P.M.

21. I hereby certify that I attended the deceased from Mch. 26, 1948 to June 20th, 1948 that I last saw her alive on June 19th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Insufficiency

Due to: Cardio-Vascular Disease.

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations: 93

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?: _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2

While at work? _____ (Specify type of place)

23. Signature: D. Albert L. Tindall (M. D. or other) D.O.

Address: Jackson, Mo. Date signed: 6/21/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 648-838
Date Filed 6-29-48

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 _____

B.H. Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson 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.