S. No. 2
M—1/47
7. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 18984

Registration District No. 1

Primary Registration District No. 3016

Registrar's No. 157

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole 26
(c) City or town: Osage City 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Main St. 0
(If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ~~Henreetka~~ Henrietta Bolfing

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Henry

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

7. Birth date of deceased: Oct. 26, 1870 (Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John Truetzel
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Margaret Lemline
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Oscar Bolfing
(b) Address: Osage City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cemetery

18. (a) Signature of funeral director: Victor Bruscke
(b) Address: Jefferson City, Mo.

19. (a) 7-7-48 (Date received by local registrar) (b) R. C. Harris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1948 hour 1:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 3, 1948, to July 6, 1948, that I last saw h.. alive on July 6, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial heart disease, mitral insufficiency — Duration: 4 days

Due to: Arteriosclerosis hypertension — Duration: years

Due to:

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

Major findings:
Of operations:
Of autopsy:

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

23. Signature: Leon A. Zeyler (M. D. or other) M.D.
Address: Jefferson City Date signed: 7-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 7 1949

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 1 4 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 Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.