

FILED JUL 28 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23789

State File No.

Registration District No. 273

Primary Registration District No. 5914

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Perry
 (b) City or town Rural Brazeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 88-7-26 (Specify whetherIn this community _____
years, months or days)3. (a) PRINT FULL NAME Pauline Kaufmann3. (b) If veteran, name war _____ 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed6. (b) Name of husband or wife Henry Kaufmann 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased July 26 1859
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
88 7 26 hr. _____ min.9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Erdman Bodenschatz 4
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Christine Wachter 1
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clara Fiehler(b) Address Frohna Mo.17. (a) Burial (b) Date thereof 6-23-1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Altenburg Mo.18. (a) Signature of funeral director Young & Sons(b) Address Perryville Mo.19. (a) 6-22-48 (b) Joe J. Zollner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79
 (c) City or town Rural 0
 (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1948 hour 11 minute 15 A. M.21. I hereby certify that I attended the deceased from November 20 1946 to June 20 1948
that I last saw h. or alive on June 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Duration

2 yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations 93D

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? 0

While at work _____ (Specify type of place) Means if injury _____

23. Signature Theodore Pescher (M. D. or other) M. D.
Address Altenburg Mo. Date signed 6/22/48

VED

District Health Officer No. _____
District File Number 248
Date Filed 7-26

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

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.