47
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 23430

FILED SEP 1 1948

Registration District No. 482

Primary Registration District No. 4042

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Bollinger

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

(c) Name of hospital or institution: Mouser Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau 16
(If outside city or town limits, write "RURAL")

(d) Street No. 11 North Benton St. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 4

If yes, name country

3. (a) PRINT FULL NAME Anna M. Kirchoff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

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

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

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

7. Birth date of deceased June (Month) 11th (Day) 1872 (Year)

8. AGE: Years 76 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Near Egypt Mills (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name --- Margraf
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name ---- Meyers
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Henry J. Kirchoff
(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Bertling Cemetery

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri.

19. (a) Aug - 2 1948 (Date received local registrar) (b) Willie Van Amburgh (Registrar's signature) 75

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 2 day 28th
year 1948 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw her alive on 7/28/48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 10	
Of autopsy 3	

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 2

23. Signature John J. Myers (M. D. or other) RD

Address Lutesville Date signed 8/12/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 848-1107

Date Filed 8-31-48

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 Howard R. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missour

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.