No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1948 77

Registration District No. 77

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

29250

State File No.

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks (Specify whether years, months or days)

In this community 7 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

(c) City or town Westphalia, Mo
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME BERTHA HOER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Martin Hoer

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

7. Birth date of deceased Sept 22, 1890 (Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Martin Hoer
13. Birthplace Westphalia, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ben Wulff

(b) Address Jefferson City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/48 (Month) (Day) (Year)

(c) Place: burial or cremation Westphalia, Mo

18. (a) Signature of funeral director Lyllian Wulff

(b) Address Jefferson City, Mo

19. (a) 10-4-48 (Date received by local registrar) (b) R. T. Davis MD (Registrar's signature)

Marie Rector (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1948 hour 9 minute 0.5P A.M.

21. I hereby certify that I attended the deceased from August 1, 1948 to Oct 1, 1948 that I last saw h. alive on Oct 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebrovascular	1
Due to Primary intra cell hemorrhage	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy L/6

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

23. Signature Lucien Bayless (M. D. or other) MD

Address Jefferson City Date signed 10-4-48

RECEIVED
District Health Officer No. 9,
District ...
OCT 12 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 Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, ...

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.