

FILED OCT 1 1948

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 57

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL Rock
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NEAR ANTONIA MO 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON 50
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR ANTONIA MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THERESIA WUERTZ

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex F / 5. Color or race WY
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife DECEASED 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAR 14 1869 (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace KIMMSWICK MO (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED.

11. Industry or business JOHN KOCHNER

12. Name UNKNOWN 9

13. Birthplace # 1 (City, town, or county) (State or foreign country)

14. Maiden name HELEN WHITMAN

15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant FRANK L WUERTZ

(b) Address KIMMSWICK MO

17. (a) BURIAL (b) Date thereof SEPT 20 - 48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROCK CREEK CEM.

18. (a) Signature of funeral director HEINIGTAG FUNERAL HOME

(b) Address KIMMSWICK MO

19. (a) SEPT 19 - 48 (b) Phil J Kirk (Date received local registrar) (Registrar's signature) 1125

20. DATE OF DEATH: Month SEPT day 18 year 1948 hour 5TH minute - 18 M.

21. I hereby certify that I attended the deceased from Aug 31, to 9-18 1948 that I last saw her alive on 9-18 1948 and that death occurred on the date and hour stated above. Immediate cause of death Ph. Myocarditis Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 9/18/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
SEP 30 1948
Date Filed

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..... *Arthur W. Heilbrunn*
Licensed Embalmer No. *3872A*

P. O. Address.....

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.