

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1948

Registration District No. 221

Primary Registration District No. 5793

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Monteary  
(b) City or town Iron Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 10 miles North of California  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution since 1882 (Specify whether years, months or days) Recrud.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monteary  
(c) City or town rural (If outside city or town limits, write "RURAL")  
(d) Street No. 10 mi. N. of California (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME ANNIE HULDA BURGER

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

3. (c) Social Security No. None

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife John Burger  
6. (c) Age of husband or wife if alive 3 years 1868 (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 10 3 ..hr. ..min

9. Birthplace Saxony (City, town, or county) Germany (State or foreign country)

10. Usual occupation housewife

11. Industry or business .....

12. Name Friedrich William Gerlach &

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

14. Maiden name Wilhelmina Stubb

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

16. (a) Informant Edwin Maria Burger

(b) Address California Mo.

17. (a) rural (Burial, cremation, or removal) (b) Date thereof 9-8-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Monteary Evangelical cemetery

18. (a) Signature of funeral director A. E. Wilson

(b) Address California, Mo

19. (a) Sept 11-1948 (Date received local registrar) (b) Yadum Susser (Registrar's signature) 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Jan 10 to Sept 6 1948 that I last saw her alive on Sept 5 1948 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration 5 years

Due to generalized arteriosclerosis Duration 10 years

Due to .....

Other conditions (include pregnancy within 3 months of death) .....

Major findings: Of operations .....

Of autopsy 93% .....

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? .....

While at work? (Specify type of place) .....

(e) Means of injury .....

23. Signatur Keven Latham (M. D. or other) .....

Address California, Mo Date signed 9-7-48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed SEP 16 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 A. E. Wilson

Licensed Embalmer No. 2357

P. O. Address California, 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.