M—1/47
v. 5-17-39

26
5
4

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 62896

FILED NOV 12 1948

Registration District No. 17 — Primary Registration District No. 3016 — Registrar's No. 244

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether In this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller
(c) City or town (In town) Iberia (If outside city or town limits, write "RURAL")
(d) Street No. In town (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Ann Lindenbusch
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Geo
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 7 (Day) 1873 (Year)

8. AGE: Years 75 Months 8 Days 25 If less than one day hr. min.

9. Birthplace St. Elizabeth (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Unknown
13. Birthplace Unknown (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. John Lindenbusch
(b) Address St. Anthony, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Iberia, Mo.
18. (a) Signature of funeral director Hedges Funeral Home
(b) Address Iberia, Mo.
19. (a) 11-2-48 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2 year 1948 hour 2 minute a. M.
21. I hereby certify that I attended the deceased from Nov 5, 1948, to Nov. 2, 1948, that I last saw her alive on Nov. 1, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Hypertensive Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature A. Ossman (M. D. or other) MD
Address Jefferson City Mo Date signed 11-2-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Osmond

RECEIVED
District Health Officer No. 9,
District File Number
NOV 10 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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Ibera, Me

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.