

S. No. 300
OM - 10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

39670

State File No.

Registration District No.

Primary Registration District No. 3016

Registrar's No. 279

1. PLACE OF DEATH:

(a) County Jefferson City, Mo

(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 and location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Waynes

(c) City or town Vienna (Rural)
(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 EMMA IHLET

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1948 hour 11 minute 40 AM

21. I hereby certify that I attended the deceased from Dec. 6 1948 to Dec. 9 1948
that I last saw her alive on Dec. 9 1948
and that death occurred on the date and hour stated above.

4. Female 5. Color of hair White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife John Ihlet 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased: Jan 8 1881
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage

Due to Hypertensive Heart
disease

Other conditions: Embolism of femoral artery

8. AGE: Years 67 Months 11 Days 1
If less than one day h min.

Major findings: 93P

Of operations

Of autopsy

PHYSICIAN: J

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Louis Haunertman

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

14. Maiden name Emma Kustlinman

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

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (e) Means of injury

16. (a) Informant Ms. H. La Bouffe

(b) Address Blackwater, Mo

17. (a) Final (b) Date thereof 12-11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna Mo

18. (a) Signature of funeral director J. P. ...

(b) Address Vienna Mo

19. (a) 12-14-48 (b) J. P. ...
(Date received local registrar) (Registrar's signature)

23. Signature J. P. ... (M. D. or other) MD

Address Jefferson City Date signed 12-10-48

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

26
5
4

RECEIVED
District Health Officer No. 9,
District File Number
DEC 21 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 *W. B. Cunningham*

Licensed Embalmer No. 3664

P. O. Address *Warren 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.