

FILED DEC 30 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 200

Primary Registration District No. 5884

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Osage  
(b) City or town Freeburg Mo R.D.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Life years, months or days)

3: (a) PRINT FULL NAME Theresia Falter

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 Widowed

6. (b) Name of husband or wife Herman Falter 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Nov 8th 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>1</u>	<u>10</u>	.....hr. ....min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Wansing

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

14. Maiden name Christene Lohren

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

16. (a) Informant Joseph Falter

(b) Address Freeburg Mo R.D.

17. (a) Burial (b) Date thereof 12-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeburg Mo

18. (a) Signature of funeral director Clyde Morton

(b) Address Linn Mo

19. (a) 12-20-48 (b) Mrs. H. H. Messer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Osage  
(c) City or town Freeburg Mo R.D. (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Washington Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18  
year 1948 hour 7:30 minute \_\_\_\_\_ p. M.

21. I hereby certify that I attended the deceased from December 18, 1948 to December 18, 1948  
that I last saw her alive on December 18, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Thromboplegia  
Due to Hypertension  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_  
Of autopsy Yes

Duration

3 hrs.

?

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury ?

23. Signature S. C. Howard (M. D. or other) MD  
Address Vienna, Mo Date signed 12/22/48

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

MOTHER FATHER

06  
3

40946

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed DEC 29 1948

1951

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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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.**