

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32671

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE MO</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EMMA - SOUTHWEST</u>		c. LENGTH OF STAY (in this place) <u>3 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EMMA MO</u>		d. STREET ADDRESS (If rural, give location) _____					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) _____ c. (Last) <u>WALLNER</u>							
4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 26 1949</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>					
8. DATE OF BIRTH <u>Nov 2, 1870</u>		9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR (Months) (Days) <u>10 29</u>		11. UNDER 24 HRS. (Hours) (Min.) _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST CHARLES MO</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>UNKNOWN ORPHAN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN ORPHAN</u>					
14. NAME OF HUSBAND OR WIFE <u>Martina Kraellner</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>					
17. INFORMANT'S SIGNATURE OR NAME <u>MRS HERBERT MEYER</u>				ADDRESS <u>CONCORDIA MO</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auto Infection</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Old age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>15 yrs</u> <u>450?</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Emma MO Saline MO</u>		21f. HOW DID INJURY OCCUR? _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Sept 9, 1949</u> , to <u>Sept 26, 1949</u> , that I last saw the deceased alive on <u>Sept 25, 1949</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. J. Freund M.D.</u>				23b. ADDRESS <u>Emma MO</u>		23c. DATE SIGNED <u>Sept 26, '49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>EMMA MO</u>					
DATE REC'D BY LOCAL REG. <u>9/27/49</u>		REGISTRAR'S SIGNATURE <u>Dally Andrew</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. James</u>		ADDRESS <u>CONCORDIA MO</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 4

District Health Officer No. 8

District File Number.....

Date Filed 10 6 49

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 me

..... Student Embalmer No.

working under my personal supervision.

Signed

E. L. Jones

Signed.....

Student Embalmer

Licensed Embalmer No. 2058

P. O. Address

Corvallis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.