

No. 300
10-48
FILED AUG 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27688

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5429</u>		Registrar's No. <u>22</u>					
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LYON</u>		c. LENGTH OF STAY (in this place) <u>ALL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LYON</u>		<u>360</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>New Haven RFD</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>			b. (Middle) <u>G.</u>		c. (Last) <u>POHLMANN</u>		4. DATE OF DEATH (Month) <u>8</u> (Day) <u>23</u> (Year) <u>52</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>DEC. 11-1874</u>		9. AGE (In years last birthday) <u>77</u> If under 1 year: Months <u>8</u> Days <u>12</u> If under 24 hrs: Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>BRONSVILLE MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>JOHN HALLENBERGER</u>			13b. MOTHER'S MAIDEN NAME <u>DONT KNOW</u>			14. NAME OF HUSBAND OR WIFE <u>WILLIAM POHLMANN</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emel Pohlmann New Haven Mo</u>				ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
		DUE TO (b) _____ DUE TO (c) _____									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>8-17</u> 19 <u>52</u> to <u>8-23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-22</u> , 19 <u>52</u> , and that death occurred at <u>6 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>A. J. Matthews</u>				(Degree or title)				23b. ADDRESS <u>New Haven Mo</u>		23c. DATE SIGNED <u>8-25-52</u>	
24a. BURIAL (Give name of cemetery or county)		24b. DATE <u>8-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PORT HUDSON CEM</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR NEW HAVEN MO</u>					
DATE REC'D BY LOCAL REG. <u>8-25-52</u>		REGISTRAR'S SIGNATURE <u>A. J. Matthews</u>			95- <u>95-</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Le. Bertigson</u>			ADDRESS <u>New Haven Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

360

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Earl Hertig

Student Embalmer

Licensed Embalmer No. *3385*

P. O. Address *Heaven*

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.