

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 13 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WASHINGTON Rural St. John's Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WASHINGTON Rural St. John's Twp.</b>	
c. LENGTH OF STAY (If in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.R. 2</b>		<b>R.R. 2</b>	

0360

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b> b. (Middle) <b>MARIE</b> c. (Last) <b>EMMA TAPPE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 7 1954</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JUNE 23 1865</b>	9. AGE (In years last birthday) <b>89</b>	10. IF UNDER 1 YEAR Months <b>2</b> Days <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWORK</b>		11. BIRTHPLACE (State or foreign country) <b>WASHINGTON, MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>JOHN HENRY DAMSCHROEDER</b>		13b. MOTHER'S MAIDEN NAME <b>JOHANNA W. MOBBEN</b>		14. NAME OF HUSBAND OR WIFE <b>HENRY TAPPE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>WM. TAPPE</b> ADDRESS <b>WASHINGTON, MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Central Hemorrhage</b>		DUE TO (b) <b>Arterio-sclerosis</b>			<b>1 hour</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Severely ill - Choleliths</b>			<b>several yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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		

331X

22. I hereby certify that I attended the deceased from 6-12, 1954, to 9-7, 1954, that I last saw the deceased alive on 9-7, 1954, and that death occurred at 3:20A m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. P. March</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>705 E. 11th St. Washington, Mo.</b>		23c. DATE SIGNED <b>9-8-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>9-9-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHN'S MANTELS UNION, MO.</b>	

DATE REC'D BY LOCAL REG. <b>9/8/54</b>		REGISTRAR'S SIGNATURE <b>F. C. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. ...</b> ADDRESS <b>Union, Mo.</b>	
--	--	--	--	---	--

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*E. F. Ottmann*

Licensed Embalmer No. 1686

P. O. Address Union, 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.