

FILED OCT 1 1946

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WETZEL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
In this community 12 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
(c) City or town Harwood "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 Amanda Gnes Germann

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Paul Germann 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 28 1904
(Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Union Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name John D. Waackermann

13. Birthplace ? Ill /
(City, town, or county) (State or foreign country)

14. Maiden name Gustavie Warner

15. Birthplace ? Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Gustavie Waackermann

(b) Address Harwood, Missouri

17. (a) Burial (b) Date thereof 9/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Stone's Chapel

18. (a) Signature of funeral director Ourdaggan

(b) Address Harwood, Mo.

19. (a) 9-24-46 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24.
year 1946 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from Sept 12 to Sept 24, 1946
that I last saw her alive on Sept 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage
Due to Coronary
of Coronary.
Due to Hemorrhage over
several weeks duration
Due to _____

Duration

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 48A
Of autopsy _____

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 _____ (Date signed Sept 24)
Address Clinton, Mo.

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

28003

44

44

RECEIVED

District Health Officer No. 7,

District File Number 9-46-985

Date Filed 10-3-46

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 Chas. J. Brown

Licensed Embalmer No. 2709

P. O. Address Harwood St.

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.