

State File No.

Registrar's No. 39

Registration District No. 32

Primary Registration District No. 5111

1. PLACE OF DEATH:

(a) County BOLLINGER

(b) City or town TRUBAW LIBERTY TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 60 YEARS (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BOLLINGER

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR WAFLIN, MO.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA SCHMITT

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 2ND
year 1944 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 13 1883
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 922

8. AGE: Years Months Days If less than one day

80 3 2 _____ hr. _____ min.

9. Birthplace BOLLINGER Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Hom.

11. Industry or business _____

MOTHER FATHER

12. Name WILLIAM ARNZEN

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant HENRY SCHMITT

(b) Address WAFLIN, MO.

17. (a) BURIAL (b) Date thereof JAN. 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEOPOLD, MO.

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? _____

18. (a) Signature of funeral director BAKER FUNERAL HOME

(b) Address LUTESVILLE, MO. J.C. Baker

19. (c) Jan. 2 1944 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. C. Graham 3 coroner
(M.D. or other)

Address Lutesville, Mo. Date signed 1-2-44

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

RECEIVED

District Health Officer No. 4

District File Number 244-3368

Date Filed 2-8-44

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 J. C. Graham

Licensed Embalmer No. 4010

P. O. Address. Lutesville, Md

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.