DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10883

FILED APR 4 1940

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 34

1. PLACE OF DEATH:

(a) County Franklin.

(b) City or town Washington, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None. 605 W. 2nd St. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 605 W. 2nd St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME 570 Bertha Barbara Muench.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband ~~or wife~~ George M. Muench.

6. (c) Age of husband ~~or wife~~ if alive 70 years

7. Birth date of deceased Mar. (Month) 5th. (Day) 1871. (Year)

8. AGE: Years 69 Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation House-wife.

11. Industry or business X

FATHER
12. Name Phillip Haeger. 1
13. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country) 6

MOTHER
14. Maiden name Katherine Schneider. 1
15. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country) 2

16. (a) Informant's own signature George Muench
(b) Address 605 W. 2nd St. Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23, 1940. (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Washington, Mo.

18. (a) Signature of funeral director NIEBURG & VITT Inc. by G. Nieburg.
(b) Address Washington, Mo.

19. (a) Mar. 22. 1940 (Date received local registrar) (b) N. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1940 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from Mar. 20, 1940, to Mar 20 —, 1940; that I last saw her alive on Dead, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coma
Valvular Heart Disease

Due to —

Due to —

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

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) No
(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 G. Goodrich (M. D. or other)
Address Washington Mo Date signed 3-21-40

270 (Licensed Embalmer's Statement on Reverse Side)

Rev. 8-17-39 I X19511

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, Registered Apprentice No.

working under my personal supervision.

Signed A. C. Nieburg

Licensed Embalmer No. 2387

P. O. Address Washington, 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, above space should be left blank.