

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.

JAN 25 1941

Registration District No. 384

Primary Registration District No. 4227

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Lowe

(b) City or town West Plains  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)

In this community 1 years, months or days

3. (a) PRINT FULL NAME ENYA Mittlestedter

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife WILLIAM 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased JUNE 11 1857  
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jweet

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

14. Maiden name unknown

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

16. (a) Informant's own signature Mrs. Anna Busell

(b) Address Koshkonong, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22, 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Koshkonong, Mo.

18. (a) Signature of funeral director Lawrence Carr

(b) Address West Plains, Mo.

19. (a) 12-21-40 (Date received local registrar) (b) Vida W. SIMONS (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

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

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. 60 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18 year 1940 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov 25, 1940, to 12 18, 1940;  
that I last saw her alive on 12 17, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Chronic nephritis  
Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions Senility 171  
(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) \_\_\_\_\_

(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? 384

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. Claude Bohner (M. D. or other) MD  
Address West Plains, Mo. Date signed 12-20-40

RECEIVED  
District Health Officer No. 5,  
District File Number 1416  
Date Filed \_\_\_\_\_

**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 Lawrence Carr  
Licensed Embalmer No. 4031  
P. O. Address West Plains, 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.