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X231

Registration District No. 213

Primary Registration District No. 304

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution: State & Short St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 55 yrs (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Emma Waters

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

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

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

7. Birth date of deceased Jan 14 - 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Osage Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Andy Putteringer

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

14. Maiden name Margaret Moore

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

16. (a) Informant James Waters

(b) Address Jefferson City Mo

17. (a) By Will (b) Date thereof 3/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant Cem

18. (a) Signature of funeral director Buecher Funeral Home

(b) Address Jefferson City Mo

19. (a) 3/19/41 (b) D. Gaspar M.D.
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 180 Short St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 of 1941
year 1941 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from March 11, 1941, to March 8, 1941, that I last saw her alive on March 7, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated Heart

Due to arteriosclerosis

Due to _____

Other conditions Influenza
(Include pregnancy within 3 months of death) bronchitis

Major findings: Of operations _____

Of autopsy 93H

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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature Jeff Buer (M. D. or other) MD

Address Jefferson City Mo Date signed 3/19/41

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

MOTHER FATHER

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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. ~~3701~~

working under my personal supervision.

Signed: *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address. *Jefferson City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.