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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

Registration District No. 104

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. 17619

Registrar's No. 133

1. PLACE OF DEATH:
(a) County Calloway
(b) City or town Fulton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 11 - mo. 18 days (Specify whether
In this community 1 yr 11 month 18 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cole 14 1 2
(c) City or town Lohman
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Trucy Woehrer.

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

4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 14 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	8	26	hr. min.

9. Birthplace (City, town, or county) Austria 4 (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Martin Woehrer
13. Birthplace Austria (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Anna Herschvogel
15. Birthplace (City, town, or county) Astria 4 (State or foreign country)
16. (a) Informant John E Woehrer
(b) Address Lohman Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Hugo Holschbach
(b) Address Jessellville Mo.
19. (a) 5-10-42 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1942 hour 12 minute 10 P. M.
21. I hereby certify that I attended the deceased from May 1, 1942, to May 10, 1942;
that I last saw her alive on May 10, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to arteriosclerosis hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Forrest Thomas (M. D. or other)
Address Fulton Mo Date signed 5/10-42

1147 (Licensed Embalmer's Statement on Reverse Side) State Hospital No. 1

109 W. 7 st
Mrs Josie Marsinkh

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 Hugo H. Schubert

Licensed Embalmer No. 2870

P. O. Address Russellville, 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, fact should be so stated above.