

FILED JUL 23 1942

Registration District No. **576**

Primary Registration District No. **4339**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County **Moniteau**
(b) City or town **Tipton town**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **Most of Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau 68**
(c) City or town **Tipton 2**
(If outside city or town limits, write "RURAL.") **0**
(d) Street No. **--** (If rural, give location)
(e) Citizen of foreign country? **Native** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Alwina Dueber**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if alive **--** years
7. Birth date of deceased **July, 30th. 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 17 hr. min.

9. Birthplace **Independence Kansas 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business **Home**

12. Name **Edward Dueber**

13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Lutz**
15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Lutz**
(b) Address **Tipton, Mo.**

17. (a) **Burial** (b) Date thereof **6/18/1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Catholic Cemetery**

18. (a) Signature of funeral director **James E. Richard**
(b) Address **Tipton, Mo.**

19. (a) **June 17/1942** (b) **Mrs. Lera Ferguson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16**
year **1942** hour **8** minute **25 P** M.

21. I hereby certify that I attended the deceased from **May 29**
19**42**, to **June 14**, 19**42**
that I last saw her alive on **June 14**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxy** Duration

Due to **Hypertension**

Due to **Arteriosclerosis of myocardial insufficiency**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **83a**
Of autopsy

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?

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

23. Signature **C. H. Lake** (M.D. or other)
Address **Tipton, Mo** Date signed **6/17/42**

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

68
020

MOTHER FATHER

871

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

Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address Lepton 210

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.