

FILED OCT 8 1942

Registration District No. 198

Primary Registration District No. 5719

Registrar's No.

61
00

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

1. PLACE OF DEATH: Macon

(a) County Macon

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AGNES WACHTER

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

4. Senese 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife John Wachter 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased 11 - 16 - 1898
(Month) (Day) (Year)

8. AGE: Years: 63 Months: 10 Days: 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Zohn

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

14. Maiden name MARGARET SCHMIDT

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

16. (a) Informant Margaret Wachter

(b) Address Bevier Mo

17. (a) Burial (b) Date thereof 9-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rural St Charles

18. (a) Signature of funeral director M. J. Rowland

(b) Address Bevier Mo

19. (a) 9-22-42 (b) Winniet Rowland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1942 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept. 18 1942 to Sept. 21 1942
that I last saw her alive on Sept. 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Due to Cerebral Hemorrhage
Due to Vascular Hypertension
Other conditions Atherosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN J. J. ...
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 place) (e) Means of injury _____

23. Signature Dr. E. L. ... Date signed 9/22/42
Address Bevier, Mo

1287

RECEIVED

District Health Officer No. 10

District File Number 10-42-1818

Date Filed Oct - 1 1942

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 J. E. Edwards

Licensed Embalmer No. 1961

P. O. Address Bowie Md

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.