

Dr Berger  
22151

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

ED JUL 10 1943 274

Primary Registration District No. 3052

Registrar's No. 191

80  
6  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County PETTIS  
(b) City or town SEDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
633 E NINTH ST 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS  
(c) City or town SEDALIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. 629 E 9th St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME EMMA TIEMAN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife AUGUST 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 4 25 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 1 13 hr. min.

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

10. Usual occupation HOUSEWIFE

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

12. Name HENRY JOHLES

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

14. Maiden name ELIZA SCHUTTE

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

16. (a) Informant MRS E. J. THOMAS

(b) Address SEDALIA

17. (a) BURIAL (b) Date thereof 6-11-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Gillespie  
(b) Address SEDALIA

19. (a) 6/10/43 (b) Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 8th  
year 1943 hour 7 30 minute P M.

21. I hereby certify that I attended the deceased from May 10 1943 to June 8 1943  
that I last saw her alive on June 7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma  
uterus, Carcinoma  
bladder Duration 11.50

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

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

Other conditions (include pregnancy within 3 months of death) 48 hr

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 D

23. Signature Dr. W. Berger (M.D. or other) MD  
Address Sedalia Mo Date signed 6/10/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

1022

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-2-43

---

---

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 L. E. Boulton

Licensed Embalmer No. 3867

P. O. Address Dealia 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.**