

FILED SEP 10 1943

Registration District No. 779

Primary Registration District No. 5668

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural Clark mo
(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 In this Community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town 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 JOHANNAN CHARLOTTE CARWEAL

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 25 1854
(Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Polstein Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frederick Windmiller

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

14. Maiden name Caroline Meier

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

16. (a) Informant Mrs Raymond Brown

(b) Address Troy Mo

17. (a) Burial (b) Date thereof July 26, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joan Cemetery

18. (a) Signature of funeral director Wagner & Coy

(b) Address Troy Mo

19. (a) Aug. 15/43 (b) Mrs. Floy Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1943 hour _____ minute 25 A.M.

21. I hereby certify that I attended the deceased _____, 1943 to _____, 1943 and that I last saw her alive on July 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy - 2 days

Due to Arteriosclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) _____

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 _____

23. Signature F. J. Caldwell (M. D. or other) _____

Address 71207 Date signed 7/27/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

57
00

1186

(Licensed Embalmer's Statement on Reverse Side)

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.....

Wayne M. Long

Licensed Embalmer No.....

35086

P. O. Address.....

Troy 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.