No. 2
-5-42
-17-39
X-2413

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35311

FILED NOV 10 1943

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 126

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California
(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 years, months or days)
In this community 60 year

2. USUAL RESIDENCE OF DEECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town California 069
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Mutti
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eduard Mutti
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Aug (Month) 13 (Day) 1873 (Year)
8. AGE: Years 70 Months 2 Days 13 If less than one day hr. min.
9. Birthplace (City, town, or county) Ind (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name George Osterly
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Minnie Traemer
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Eduard Mutti
(b) Address California Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation Evangelical Cem
18. (a) Signature of funeral director Hallcraft & Friedmeyer
(b) Address California Mo
19. (a) 10-28-43 (Date received local registrar) (b) A J Allee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1943 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 2, 1943, to Oct 27, 1943 that I last saw her alive on Oct 26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	6 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Kenyon Latham (M. D. ~~or other~~)
Address California, Mo Date signed 10-28-43

1312 (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 H E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California 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.