

FILED FEB 5 1945
Registration District No. 80

Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution:
814 THIRD ST.
(If not in hospital or institution, write street number or location)

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

In this community 62 YEARS (Specify whether _____)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

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

(d) Street No. 814 THIRD ST.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MRS. ROSA BURGER

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 WILLIAM BURGER

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased DECEMBER 25 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>0</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace FORST BADEN GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name JOSEPH ANTHONY BURGER

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

14. Maiden name CATHERINE VEITH

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

16. (a) Informant MISS MARGARET BURGER

(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof JAN 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CATHOLIC CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) 1-10-45 (b) Dr Chas. Swap
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 10th
year 1945 hour 2:45 minute 8 M.

21. I hereby certify that I attended the deceased from Sept 3 1944 to Jan. 10 1945
that I last saw her alive on Jan. 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchial Nephritis - Small
Spinal

Due to _____

Due to _____

Other conditions Arterio-sclerosis years _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy 12/12

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 M.H. Ziegler (M. D. or other) M.D.
Address Boonville, Mo. Date signed 1/10/45

RECEIVED

Health Officer No. 8

File Number

2-1-45

APR 25 1945

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..... *James W. Signer*

Licensed Embalmer No. *3780*

P. O. Address..... *Boonville, 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.