

STANDARD CERTIFICATE OF DEATH

State File No. 14031

Registration District No. 278

Primary Registration District No. 5916

Registrar's No. 24

1. PLACE OF DEATH

(a) County Perry
(b) City or town Longtown Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 74-2-3 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79
(c) City or town Longtown Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gottwerth H. Telle

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Clara Telle
6. (c) Age of husband or wife if alive 10 years 1872

7. Birth date of deceased. January 10 1872
(Month) (Day) (Year)

8. AGE: 74 Years 2 Months 3 Days
If less than one day hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business Herman Telle

12. Name Herman Telle

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

14. Maiden name Eva Heimmann

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

16. (a) Informant Adela Heimbecker

(b) Address Longtown Mo.

17. (a) Burial (b) Date thereof 3-15-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longtown Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) Mar 15 1946 (b) Jos. J. Zaehner
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
1946 year hour 4 minute A M.

21. I hereby certify that I attended the deceased from Feb 21 1946 to Mar 13 1946
that I last saw him alive on Mar 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart disease
Due to Chronic nephritis

Due to 1
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1318
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 0

23. Signature O. J. Miller (M. D. or other) Med
Address Perryville Mo Date signed 3/15/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19
00

RECEIVED

District Health Officer No. 4
District File Number 546-2041
Date Filed 5-3-46

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 Edward Young
Licensed Embalmer No. 2138
P. O. Address Berryville 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.