

S. No. 2  
M-5-42  
7-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16464

FILED JUN 5 1946  
Registration District No. 137

Primary Registration District No. 4213

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

Registrar's No. 91

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

1. PLACE OF DEATH

(a) County Henry

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

(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 \_\_\_\_\_ (Specify whether)

In this community 46 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Montrose (Poplar)  
(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 Theresa E. Kloer

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1946 hour 2 minute 20 AM

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife W E Baggerl

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased: (Month) 5 (Day) 26 (Year) 1870

21. I hereby certify that I attended the deceased from Mar 21, 1939 to May 2, 1946 (that I last saw her alive on May 2, 1946 and that death occurred on the date and hour stated above.)

8. AGE: Years 75 Months 11 Days 9 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Butte Co Mo  
(City, town, or county) (State or foreign country)

Immediate cause of death Cerebral hemorrhage

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

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name Morris Meyer

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

14. Maiden name Schmidler

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

Due to arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy 430

16. (a) Informant Joe W Baggerl

(b) Address Montrose Mo

17. (a) Burial (b) Date thereof 5-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montrose Cemetery

18. (a) Signature of funeral director Frank Waldman

(b) Address Clinton Mo

19. (a) 5-9-46 (b) R. R. Kemy  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. E. Baggerl (M. D. or other) Mo

Address Montrose Mo Date signed 5-7-46

120

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7;

District File No. 5-16-496

Date Filed 6-4-49

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**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.....

*Fred Wilkinson*

Licensed Embalmer No. 2478

P. O. Address Clifton, N.J.

**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:**