

FILED AUG 20 1946
Registration District No. 228

Primary Registration District No. 5808

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town High Hill Mo
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery
(c) City or town High Hill
(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 Caroline Eliza Mische

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F / race W 5. Color or W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert H Mische 6. (c) Age of husband or wife at 21 years
7. Birth date of deceased June 21 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 25 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name John H. Stegmeier
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Wlesendorf
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Robert H Mische
(b) Address High Hill Mo

17. (a) Burial (b) Date thereof Aug 18, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Cem

18. (a) Signature of funeral director: Henry H. Udo

(b) Address Wright City Mo
19. (a) Aug 17-46 (b) Mrs May Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 16
year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from July 6
1946 to Aug 16 1946
that I last saw her alive on 4 P.M. Aug 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Myocardial Infarction

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

Major findings:
Of operations 93%
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?
(Specify type of place) _____
While at work? _____ (e) Means of injury 2

23. Signature Dr. J. H. Hender (M. D. or other) MD
Address High Hill Mo Date signed Aug 17 1946

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10
8
0

26573

RECEIVED
District Health Officer No. 9,
District File Number ~~8-46-179~~ 8-19-46
Date Filed ~~8-19-46~~

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 Julius J. Nieburg
Licensed Embalmer No. 3360
P. O. Address Wright City 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.