

FILED SEP 24 1946
Registration District No. 130

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near Vale - 1 RR # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 yr (Specify whether years, months or days)
In this community 42 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Rural Prairie
(If outside city or town limits, write "RURAL")
(d) Street No. near Vale RR # 3 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Ohmsieder

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W-1

6. (b) Name of husband or wife Fred Ohmsieder 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Mar 16 - 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name Fred Pfeuffer &
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Maria Pfeuffer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Ohmsieder

(b) Address Lees Summit Mo

17. (a) Burial (b) Date thereof 8-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature of funeral director Wm Ohmsieder

(b) Address Lees Summit Mo

19. (a) 8/18/46 (b) Sanat Ohmsieder
(Date reported to registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1946 hour 18:30 minute — P.M.

21. I hereby certify that I attended the deceased from March 21, 1946 to Aug 15, 1946
that I last saw her alive on Aug 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 1 3/4

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93D

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

Signature Clint Miller M.D. (If other)

Address Lees Summit Mo Date signed 8-16-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7-9-51 11:11 1375 7211

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 N. B. Langford
Licensed Embalmer No. 3833
P. O. Address Leis Summit

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.