

FILED DEC 4 1946

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 445

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1016 W. Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 64 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1016 W. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Augusta Katharine Pehl

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

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Petar 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 16 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 7 2 hr. min.

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

10. Usual occupation Housewife

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

12. Name Henry Bartel  
13. Birthplace Stolph Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Carl Pehl  
(b) Address 820 W. 3rd

17. (a) Burial (b) Date thereof Nov. 20-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director M<sup>c</sup>Laughlin Bros.

(b) Address Sedalia Mo

19. (a) 11-20-46 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

291 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 18  
year 1946 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from  
JULY 1 1946 to NOVEMBER 18 1946  
that I last saw her alive on NOVEMBER 15 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 1 year

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

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

Other conditions arteriosclerosis advanced  
(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 \_\_\_\_\_

23. Signature C Jordan Hauffelich (M. D. or other) MSD  
Address Sedalia Mo Date signed Nov. 19-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-30-46

DEC 9 1946

DEC 4 1946

DEC 6 1949

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 K. P. M. Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.**