

FILED FEB 11 1947

Registration District No. 112

Primary Registration District No. 5428

Registrar's No. 3

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Rural Boone twsh. near
(If outside city or town limits, write "RURAL" and name of township)
Rosebud, Missouri
(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 Missouri (b) County Franklin 36
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Rosebud, Mo.
(If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Frances Agnes Pohlmann
 3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 18
 year 1947 hour 7:50 minute P. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased September 6, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 17 1947 to Jan 18 1947
 that I last saw her alive on Jan 17 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 4 12 hr. min.

Immediate cause of death Coronary Thrombosis 3 Days
 Due to
 Due to

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

Other conditions fracture of knee (left)
(Include pregnancy within 3 months of death)
Resulting from fall

10. Usual occupation Housewife

Major findings:
 Of operations
 Of autopsy 1876
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business
 12. Name Martin Pilla
 13. Birthplace Poland-Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Agnes Lewseco
 15. Birthplace Poland-Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Maha
 (b) Address Rosebud, Missouri Rural
 17. (a) Burial (b) Date thereof Jan. 22, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Catholic cemetery

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?

18. (a) Signature of funeral director Gerald P. Oltmann
 (b) Address Ceral, Missouri
 19. (a) 1-21-47 (b) J. P. Matthews
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury fall
 23. Signature Gerald Ma (M. D. or other)
 Address Ceral, Mo Date signed 1-20-47

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

36

0

0

MOTHER FATHER

RECEIVED
District Health Officer No. 1
District File Number
Date Filed 2-10-47

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..... *Ernest L. Ottmann*

Licensed Embalmer No..... 4054

P. O. Address..... *Cerale, Missouri*

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.