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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 30 1947

Registration District No. 116

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3020

State File No. 13050

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 59 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

(c) City or town Owensville 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME MINNIE SOPHIA NIEBRUEGGE

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

4. Sex Female 1 | 5. Color or race white | 6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Henry Niebruegge | 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased January (Month) 25 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	2	24	— hr. — min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Henry Hoener 4
13. Birthplace ✓ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Minnie Brinkman 4
15. Birthplace ✓ (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Adrian Spurgeon
(b) Address Owensville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 20 (Day) 1947 (Year)
(c) Place: burial or cremation City Cemetery - Owensville, Mo.

18. (a) Signature of funeral director Mieford H. H. Winter
(b) Address Owensville, Mo.

19. (a) APR 19 1947 (Date received local registrar) (b) [signature] (Registrar's signature) yes

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month ~~[illegible]~~ April day 17
year 1947 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Aug, 1946, to April 17, 1947
that I last saw h. ~~[illegible]~~ alive on April 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of both Ovaries c metastasis to intestine resulting in obstruction

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings: Secondary Metastasis of Carcinoma throughout all organs of abdomen

Of operations .....

Of autopsy .....

Duration

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature Charles [illegible] (M. D. or other)

Address [illegible] Date signed 4-17-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
JUN 5 1947

District File Number 4-29-47
Date Filed

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 me, Registered Apprentice No. , working under my personal supervision.

Signed W. F. Gottenstroeter

Licensed Embalmer No. 1444

P. O. Address Owensville 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.