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0M—5-43
ev. 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 MAY 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16855

Registration District No. 64 Primary Registration District No. 5247 Registrar's No. 25

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Rural Salisbury Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 mi North Salisbury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Whole Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Salisbury Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Wolters
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Benjamin Wolters
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May (Month) 20 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	11	16	hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Henry Harkebroth
13. Birthplace (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name Agasa Glassen
15. Birthplace (City, town, or county) unknown (State or foreign country)
16. (a) Informant Victor Wolters
(b) Address Salisbury Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury
18. (a) Signature of funeral director Geo G Winkelmeyer
(b) Address Salisbury Mo
19. (a) 5/8/47 (Date received local registrar) (b) G W Hawkins (Registrar's signature) 55

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 47 hour 10 minute A M.
21. I hereby certify that I attended the deceased from May 6 1947, to May 6 1947
that I last saw her alive on 5-6 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Embolism	
Due to	
Due to arterio sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 G W Hawkins (M. D. or other)
Address Salisbury Mo Date signed 5/8/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number
Date Filed 5-16-42

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 Chas B Wonhalmeyer
Licensed Embalmer No. 3842
P.O. Address Salisbury, 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.