

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 3 1947
Registration District No. 32

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26736
Registrar's No. 63

Primary Registration District No. 4042

1. PLACE OF DEATH:
(a) County Bollinger Co.
(b) City or town Lutesville, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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 MO (b) County Cape Girardeau
(c) City or town Pacahontas
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 1
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma H. Wallmann
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 25 year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. 05 alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife E. B. Wallmann 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 15 1862
(Month) (Day) (Year)

Immediate cause of death Cardiac Decompensation Duration _____
Due to Coronary Cirrhosis
Due to _____

8. AGE: Years Months Days If less than one day
85 1 10 hr. _____ min _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy H&E

9. Birthplace Merame Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Zacharias Koenig &
13. Birthplace Bermany
(City, town, or county) (State or foreign country)
14. Maiden name Ackerman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elsie Crites
(b) Address Dexter, MO
17. (a) Burial (b) Date thereof 8-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pacahontas, MO

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 Jackson
(b) Address _____
19. (a) Aug. 29 1947 (b) Mellie VanDunbar
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ (c) Means of injury 2
23. Signature John J. ... (M. D. or other) _____
Address St. Louis, Mo Date signed 8/27/47

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

9
8

RECEIVED

District Health Officer No. 4

District File Number 947-1125

Date Filed 9-2-47

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.

1947-8-25
1862-7-10
85-1 10

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.