

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 163

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 Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 39 days (Specify whether  
In this community 72 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Warren 109  
(c) City or town Treloar 0  
(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)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marie Alvine Scharnhorst

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 23 1874  
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

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

12. Name Herman Potthof 4

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

14. Maiden name Charlotte Timmerberg 4

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

16. (a) Informant Hubert Scharnhorst  
(b) Address 4444 1/2 Oakland Ave

17. (a) Burial (b) Date thereof 12/17/47  
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation Holstein, Missouri

18. (a) Signature of funeral director Fred W. Lichtenberg  
(b) Address Marthasville, Missouri

19. (a) DEC 16 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14 year 1947 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from November 5 1947 to December 14 1947 that I last saw her alive on December 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis 1 day  
Due to \_\_\_\_\_

Due to Fractured hip (metastatic carcinoma) 6 wks

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1867  
Of autopsy 18

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 109

(b) Date of occurrence November 5 - 1947

(c) Where did injury occur? at home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home fell on floor fractured hip  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD  
Address Marthasville, Mo Date signed 12/16/47

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

~~Date Filed~~ 12/23/47  
~~District File Number~~  
District Health Officer No. 9,  
MADISON

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 *Fred W. Lichtenberg*  
Licensed Embalmer No. 1321  
P. O. Address Marthasville, 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.