

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12529

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5429</u>		Registrar's No. <u>14</u>							
1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Franklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington, Rural, Lyon Twp.</u>		c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington "Rural" Lyon Township.</u>		d. STREET ADDRESS (If rural, give location) <u>0360 R. #2.</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. #2.</u>				d. STREET ADDRESS (If rural, give location) <u>0360 R. #2.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>			b. (Middle) <u>M.</u>			c. (Last) <u>Unnerstall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 26th, 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 4th, 1863</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>22</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home.</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Mo.</u>			12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Fritz Wamhoff.</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown.</u>				14. NAME OF HUSBAND <u>George Henry D. Unnerstall.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>			16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None.</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Louis H. Unnerstall</u> ADDRESS <u>R. #2. Washington, Mo.</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>								INTERVAL BETWEEN ONSET AND DEATH <u>21 hrs</u>			
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>334X</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____								
22. I hereby certify that I attended the deceased from <u>Mar 7, 1950</u> to <u>Mar 26, 1950</u> that I last saw the deceased alive on <u>Mar 26, 1950</u> , and that death occurred at <u>8:10 A. m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>J. K. Matthews</u> (Degree or title)					23b. ADDRESS <u>Beaufort Mo</u>			23c. DATE SIGNED <u>3-28-50</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Gertrude's Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Krakow, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>3-28-50</u>		REGISTRAR'S SIGNATURE <u>J. K. Matthews</u>			95/26 FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hilburg &amp; Witt, Inc.</u>		ADDRESS <u>Washington, Mo.</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

0360

RECEIVED  
3-14-52  
District Health Officer No. 9,  
District File Number

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

..... Student Embalmer No. ....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed..... *Lester A. Vitt*  
Licensed Embalmer No. *3254*  
P. O. Address *Washington, 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.