

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30245

State File No.

FILED OCT 4 1954

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5433 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Rural Union</u>		c. CITY OR TOWN _____	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (If this place) _____		e. STREET ADDRESS (If rural, give location) <u>Rural Union Mo Rt R1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Mo Rt R1</u>			

3. NAME OF DECEASED a. (First) <u>Anna</u> b. (Middle) <u>Wilmesher</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29, 1954</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Oct 21, 1877</u>	9. AGE (In years last birthday) <u>76</u>	# UNDER 1 YEAR Months <u>11</u> Days <u>8</u>	# UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Jeffriesburg Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Lucas Rapps</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Eschbeiser</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nedra Magee</u> ADDRESS <u>Washington Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2. yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>1222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 3-5, 1953, to 9-29, 1954, that I last saw the deceased alive on 9-26, 1954, and that death occurred at 9:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Seney</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>12102 Mo</u>	23c. DATE SIGNED <u>9-30-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stordans Evang.</u>	24d. LOCATION (City, town, or county) (State) <u>Jeffriesburg Mo</u>
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DATE REC'D BY LOCAL REG. <u>9/30-54</u>	REGISTRAR'S SIGNATURE <u>J. T. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Temme</u> ADDRESS <u>Beaufort Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

0360

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 E. H. Jenne, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed E. H. Jenne

Licensed Embalmer No. 3070

P. O. Address Beaufort

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.