

SEP 8 1943  
Registration District No. 224

Primary Registration District No. 30465-191

Registrar's No. 110.

1. PLACE OF DEATH:

(a) County MONITEAU  
 (b) City or town WALKERTOWN RURAL  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (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 MISSOURI (b) County MONITEAU  
 (c) City or town WALKER  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) FULL NAME KATHYLINE BAEY  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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 (Day) (Year)  
 7. Birth date of deceased 1-14-1863  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 7 8 hr. min.

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

10. Usual occupation RETIRED

MOTHER FATHER  
 12. Name JOHN HEINRICH  
 13. Birthplace NETMANY 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name SAHNA STROBE  
 15. Birthplace NETMANY 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant J. Accola  
 (b) Address \_\_\_\_\_

17. (a) BURIAL (b) Date thereof 8-26-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MONITEAU SVAN.

18. (a) Signature of funeral director C. A. HATNOECK  
 (b) Address PRATIE HOME MO.

19. (a) Aug 26 - 43 (b) H. J. Galle  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22  
 year 1943 hour 1 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from Aug 10 1943 Aug 22 1943  
 that I last saw her alive on Aug 22 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Disease of Heart

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) g2d

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_

23. Signature A. J. Muesel M.D. or other \_\_\_\_\_  
 Address Pratie Home Mo. Date signed 8-22-43

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

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**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 C. Albert Hornbeck  
Licensed Embalmer No. 2714  
P. O. Address Prairie Home 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.