

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 17 1948

Registration District No. 221

Primary Registration District No. 5793

Registrar's No. 25

1. PLACE OF DEATH:

(a) County. Monteary

(b) City or town. Trim Ranch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution. 10 mi. N. of California
(If not in hospital or institution write street number or location)

(d) Length of stay: since 1882 (Specify whether years, months or days) Rural

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Monteary 68

(c) City or town. rural (If outside city or town limits, write "RURAL")

(d) Street No. 10 mi. N. of California Mo 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ANNIE HULDA BURGER

3. (b) If veteran, name war. no

3. (c) Social Security No. None

4. Sex. female 5. Color or race. white

6. (a) Single, widowed, married, divorced. divorced

6. (b) Name of husband or wife. John Burger

6. (c) Age of husband or wife if alive. 3 years 1868 (Month) (Day) (Year)

7. Birth date of deceased. Nov. 3 1868

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>10</u>	<u>3</u>hr.min

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

10. Usual occupation. housewife

11. Industry or business. Frederich William Gerlach & Co

12. Name. Frederich William Gerlach & Co

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

14. Maiden name. Wilhelmina Sturm

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

16. (a) Informant. Edwin Morris Burger

(b) Address. California Mo.

17. (a) rural (Burial, cremation, or removal) (b) Date thereof. 9-8-1948
(Month) (Day) (Year)

(c) Place: burial or cremation. Monteary Evangelical Cemetery

18. (a) Signature of funeral director. A. E. Wilson

(b) Address. California, Mo

19. (a) Sept 11-1948 (Date received local registrar) (b) Yada M. Lucas (Registrar's signature) 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Jan 10
18 to Sept 6 1948
that I last saw her alive on Sept 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death. chronic myocarditis 5 years

Due to Generalized arteriosclerosis 10 years

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations. 93%

Of autopsy

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) (Country)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury. 0

23. Signature. Kevin Latham (M. D. or other) 9-7-48

Address. California, Mo Date signed 9-7-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 16 1948

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.....

A. E. Wilson

Licensed Embalmer No.....

2357

P. O. Address.....

California, 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.