

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 17 1947

Registration District No. _____

Primary Registration District No. 4110

Registrar's No. 8

1. PLACE OF DEATH

(a) County Chariton

(b) City or town Salsburg
(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 80 years
years, months or days

3. (a) PRINT FULL NAME Rachel Wunch

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race W

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

(b) Name of husband or wife John Wunch

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 10 1851
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>95</u>	<u>11</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Christopher Straub

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

14. Maiden name unknown

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

16. (a) Informant's own signature Rachel Wunch

(b) Address Salsburg Mo 716

17. (a) Final (b) Date thereof 3 6 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salsburg Cemetery

18. (a) Signature of funeral director George Winkelmayer

(b) Address Salsburg Mo

19. (a) 4/17 (b) Substantive
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4
year 1947 hour 8 30 minute A M.

21. I hereby certify that I attended the deceased from Dec 20
1946 to 3/4/1947

that I last saw her alive on 3/3/1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Duration _____

Due to _____

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: 597

Of operations _____

Of autopsy _____

PHYSICIAN
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)

Means of injury _____

23. Signature W. Straub (M. D. or other) _____

Address Salsburg Mo Date signed 3/4/47

Rev. 5-17-39
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
DISTRICT FILE
DATE FILED
4-15-47

3-25-47

11-21-47

1-31-48

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 *Chris Van Komeny*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury Md*

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, above space should be left blank.