

1. PLACE OF DEATH:

(a) County Moniteau Co.

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town California Mo. 1  
(If outside city or town limits, write "RURAL") 1

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? 3 (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARGARET ANNA WALTERSCHEID

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

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>11</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Moniteau Co. Mo. ( )  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Henry Griebach H

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

14. Maiden name Barbara Huffmann

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

16. (e) Informant Mrs. Frank Scheidt

(b) Address California Mo.

17. (a) Burial (b) Date thereof 3-8-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem. Cal. Mo.

18. (a) Signature of funeral director Bligh E. McMillen

(b) Address California, Mo.

19. (a) 3-8-47 (b) DR. R. Popejay  
(Date received local registrar) (Registrar's certificate)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6  
year 47 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to March 5 1947  
that I last saw her alive on March 5 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations 99

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)

(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 \_\_\_\_\_

23. Signature [Signature] (M.D. or other) D.O.  
Address California, Mo. Date signed 3/8/47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Date Filed 4-8-47

District File Number \_\_\_\_\_

District Health Officer No. \_\_\_\_\_

RECEIVED

APR 28 1947

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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..... Hugh E. Hellman .....

Licensed Embalmer No. 3537 .....

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.**