

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36770

State File No.

Registrar's No.

FILED DEC 12 1945

Primary Registration District No. 3008

352

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Tullton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
In this community same  
years, months or days)

3. (a) PRINT FULL NAME CORA HERRNLEBEN

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex female 5. Color or race wht 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife.

7. Birth date of deceased Aug 30 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 7 14 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name William Burger

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

14. Maiden name Margaret Burger

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

16. (a) Informant Records State Hospital No. 1

(b) Address Tullton

17. (a) Burial (b) Date thereof Nov 16, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director James B. Richards

(b) Address Tullton Mo

19. (a) 11-14-1945 (b) James B. Richards  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town Kepton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14  
year 1945 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 5  
1945 to Nov 14, 1945  
that I last saw her alive on Nov 13, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pneumonia

Due to.

Due to.

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

Major findings:  
Of operations 107

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?

(Specify type of place) (e) Means of injury

23. Signature R. J. P. (M. D. or other)

Address Tullton Mo Date signed 11/14/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-11-45

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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

*James E. Richards*

Licensed Embalmer No. 2466

P. O. Address Lepton 2nd

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.