

S. No. 2  
DM-2.43  
v. S-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

19721

FILED

2055

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 32

Primary Registration District No. 5183

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural Byrd Loop  
(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 Cape Girardeau

(c) City or town Rural Byrd Loop  
(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) PRINT FULL NAME Bertha Rossetta Sachse

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 1946  
year 1946 hour 3:40 minute A. M.

21. I hereby certify that I attended the deceased from June 14  
to June 12 1946  
that I last saw her alive on June 11 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Otto Sachse

6. (c) Age of husband or wife if alive 61 years 1884

7. Birth date of deceased: 11 (Month) 24 (Day) 1884 (Year)

Immediate cause of death: Myocarditis Hypertension

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

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

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

Duration

1 yr

1 yr

8. AGE: Years 61 Months 6 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

Major findings: ASZ

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

12. Name Ben Walperswiler

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

14. Maiden name Not known

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Sachse

(b) Address Jackson Star Route

17. (a) Burial (b) Date thereof 6-14-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gordonville, Mo.

18. (a) Signature of funeral director M. C. Conley, June 14, 1946

(b) Address Jackson, Mo.

19. (a) 6-13-46 (b) B. G. Scherer  
(Date received local registrar) (Registrar's signature)

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? 0

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

23. Signature C. P. Schoen (M. D. or other) MD

Address Jackson, Mo Date signed June 12 1946

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

43

RECEIVED

District Health Officer No. 4  
District File Number 746-2271  
Date Filed 7-1-46

JUL 5 1946

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 Thos K. Allen

Licensed Embalmer No. 40555

P. O. Address: Jaepian

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.