

Registration District No.

186

Primary Registration District No.

5778

Registrar's No.

3

1. PLACE OF DEATH:

- (a) County Bates 2
- (b) City or town Charlotte Twp.
- (c) Name of hospital or institution:
Rural
(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 5 years

3. (a) PRINT FULL NAME

Mrs Anna Ferstl 6233. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex m 5. Color or
race w6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife
Michael Ferstl6. (c) Age of husband or wife if
alive 64 years7. Birth date of deceased Jan
(Month)9 1884
(Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>10</u>	<u>19</u>	<u>-</u> hr. <u>-</u> min.

9. Birthplace Gen
(City, town, or county)Germany
(State or foreign country)10. Usual occupation House wifeRoma 6

11. Industry or business

12. Name John Gutz Gutz 613. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Katharine Ferstl15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature George Ferstl(b) Address Butler mo17. (a) Rural (b) Date thereof Nov. 30. 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Hill18. (a) Signature of funeral director Culver(b) Address Butler mo19. (a) Nov. 29 (b) 2 C. A. Lusk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State mo (b) County Bates
- (c) City or town Rural
(If outside city or town limits, write "RURAL")
- (d) Street No. Butler R.F. 10.
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? 35 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1939 hour 1 minute - P. M.21. I hereby certify that I attended the deceased from 2 Am. to 1 P.M.
Nov. 28, 1939 to Nov 28, 1939,
that I last saw her alive on Nov 28, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Crashed Heart Duration _____Due to Incapable for many years
Mental Poor

Due to _____

Other conditions
(Include pregnancy within 3 months of death) g. i. v.Major findings:
Of operations _____

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 C. A. Lusk (M. D. or other) !
Address Butler Mo. Date signed _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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.....

Denton Risle

Registered Apprentice No. *113*

working under my personal supervision.

Signed *Hattie G. Culver*

Licensed Embalmer No. *3069*

P. O. Address *Butler, 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, above space should be left blank.