

ADD JUN 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18579

State File No. _____

Registration District No. 620 Primary Registration District No. 5822 Registrar's No. _____

1. PLACE OF DEATH

(a) County Wodawong
(b) City or town Conception, Mo
(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

8. (a) PRINT FULL NAME LOUISE BERO

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased 2 (Month) 24 (Day) 1859 (Year)

8. AGE: Years 82 Months 2 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Christ. Klaas

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

14. Maiden name _____

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

16. (a) Informant Mary F. Schumann

(b) Address 509 Westport Kansas City Mo

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Parrell 5 2 1941

18. (a) Signature of funeral director Walter J. Quinn

(b) Address Conception, Mo

19. (a) 5/9 (b) Lena Egan (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wodawong

(c) City or town Parrell (If outside city or town limits, write "RURAL") 0

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 8 year 1941 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from 1934, 19____, to 5-8, 19____.

that I last saw her alive on 4-2, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Senility

Due to _____

Due to _____

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

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? _____

551 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Dr. Boyle (M. D. or other) _____

Address Conception, Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

John W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville 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.