

Registration District No. 1164

Primary Registration District No. 5415

Registrar's No. 13

1. PLACE OF DEATH

(a) County Franklin, Mo
(b) City or town Genard, Mo Rural
(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 _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Matilda Carolina Fritzmeyer

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

4. Sex Female 5. Color or race White

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

7. Birth date of deceased January 19 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Genard Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Tom Bauche

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

14. Maiden name Matapenia Miller

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

16. (a) Informant Jewin Fritzmeyer

(b) Address Genard Missouri

17. (a) Burial (b) Date thereof June 29 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Church

18. (a) Signature of funeral director E. J. O'Connell

(b) Address Genard Missouri

19. (a) 6-29-41 (b) Charles Schuch
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Genard, Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. About 4 mile East of Genard
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1941 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from Nov. 3 1893 to June 27 1941
that I last saw her alive on June 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions 92H
(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? _____

22. While at work? 272 (Specify type of place) (c) Means of injury _____

23. Signature J. H. Matthews M.D. (M. D. or D. O.)

*Address Beaufort, Mo Date signed 6/28/41

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 4854

P. O. Address.....

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.