

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34591

Registration District No. 157

Primary Registration District No. 4091

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Pleasant Hill, Mo.  
(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 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass  
(c) City or town Pleasant Hill, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25  
year 1941 hour 5 minute 45 a.m.  
21. I hereby certify that I attended the deceased from October 24, 1941 to Oct 25, 1941  
that I last saw him alive on October 25, 1941  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Charles J. Bienert

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 078-05-1120

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of spouse Lillian A. Bienert 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased December 1, 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

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

MOTHER FATHER  
12. Name August Bienert  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Maria A. Molska  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian A. Bienert  
(b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof 10/27/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director: D. A. Naisinger  
(b) Address Pleasant Hill, Mo.

19. (a) 10-27-41 (b) Ma. Etta M. Aldridge  
(Date received local registrar) (Registrar's signature)

Immediate cause of death \_\_\_\_\_  
Due to Chronic Myocarditis  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 938

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? 0

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 1

23. Signature James L. Rescock (M.D. or other) DO  
Address Pleasant Hill, Mo. Date signed 10-25-41

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

9  
2  
0

**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.

FEB 10 1945

Signed..... *D. D. Noflinger*.....

Licensed Embalmer No. *3938*.....

P. O. Address *Pleasant Hill, Pa.*.....

**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.**