

No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26848

State File No.

FILED SEP 14 1942
Registration District No. 34

Primary Registration District No. 5187 (4076)

Registrar's No.

16
00

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural, near Wardville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gordonville Mo R.F. #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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Gordonville Mo
(If outside city or town limits, write "RURAL")

(d) Street No. R.F. #1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Anna Bartels

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex F 1. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 15 - 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 25 hr _____ min _____

9. Birthplace Gordonville Mo R.F. #1
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Conrad Bierschwal

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Agnesetta Stebe

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herman W. Wiese

(b) Address Londouville Mo R.F. #1

17. (a) Burial (b) Date thereof 9/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Lutheran Church

18. (a) Signature of funeral director Mrs. Comb from St. John's

(b) Address Jackson Mo.

19. (a) 9/12/42 (b) A.H. Macko
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1942 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 8-13, 1942 to 8-10, 1942
that I last saw her alive on 8-10-42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Carcinoma of the stomach

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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)

(2) Means of injury _____

23. Signature Albert M. Bates (M. D. or other) _____

Address Jackson, Mo. Date signed 8-12-42

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.....

BA Meyer

Licensed Embalmer No. *Dr. 30571*

P. O. Address *Jackson, 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, fact should be so stated above.