

Registration District No.

Primary Registration District No. 3425

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural-Boeuf *miss*
(c) Name of hospital or institution: Residence
(d) Length of stay: In hospital or institution no
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Rural
(d) Street No. 6 miles south of Berger
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1943 hour 9 minute 05 P.M.
21. I hereby certify that I attended the deceased from
none 11-19-43 to none 12-19-43
that I last saw him alive on none 12-19-43
and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage
Due to: caused right hemisphere
Duration

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: J3d
Of autopsy: 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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: John Engelbrecht
Address: Stoney Hill, Mo. Date signed: 12-26-43

3. (a) PRINT FULL NAME LYDIA J.A. ROHLFING

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 5. (a) State, widowed, ~~Married~~, divorced, widowed

6. (b) Name of husband or wife = 6. (c) Age of husband or wife if

7. Birth date of deceased: March 20 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 29 If less than one day

9. Birthplace: Berger, Mo. R.F.D. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Housekeeper

12. Name: Wm. Bade

13. Birthplace: Berger, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name: Johanna Peters

15. Birthplace: unknown Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Erwin Rohlfing

(b) Address: Berger, Mo. R.F.D. #1

17. (a) Burial (b) Date thereof: 11 23 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Senate Grove Cem.

18. (a) Signature of funeral director: Harmon Blummer

(b) Address: Berger, Mo.

19. (a) Nov 21 1943 (b) Clara England
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 *Herman Blomer*.....

Licensed Embalmer No. *528*.....

P. O. Address *Berger, 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.