

FILED JUL 15 1944

Registration District No. 3003

Primary Registration District No. 3003

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 1
In this community four years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Matilda U. Palka

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

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

6. (b) Name of husband or wife John U. Palka 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased April 10 - 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 26 If less than one day hr. 4 min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Andrew Behrman

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

14. Maiden name Cecilia Brenne

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

16. (a) Informant Albert U. Palka

(b) Address Monett, Mo

17. (a) Burial (b) Date thereof 6-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis

18. (a) Signature of funeral director R. H. Blausch

(b) Address Monett, Mo

19. (a) June 9 1944 (b) Audna Willoughby
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Monett - 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. Frank (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 2
1944, to June 6 1944

that I last saw h. or alive on June 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis ?
Duration ?

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?

While at work? (Specify type of place) (a) Manner of injury.....

23. Signature Frank M. M.D. (M. D. or other)

Address Monett, Mo Date signed 6/11/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 744-773

Date Filed JUL 11 1944

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 L. H. Blanship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.