

FILED DEC 1944

Registration District No. 160

Primary Registration District No. 5619 5647

State File No. _____

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Lawrence
 (b) City or town Freestatt, Mo. Freestatt
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether _____)
 In this community Life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
 (c) City or town Freestatt, Mo. 55
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bertha Brockschmidt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color Y 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased May 19 1889
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Freestatt 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business _____

12. Name J. H. Brockschmidt
 13. Birthplace Meriden, Ill. (State or foreign country)

14. Maiden name Emma Fritz
 15. Birthplace Miss. West 3 (State or foreign country)

16. (a) Informant Mrs. John Jones
 (b) Address Freestatt, Mo.

17. (a) Burial (b) Date thereof Nov 3-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Freestatt Cemetery

18. (a) Signature of funeral director Oscar S. Marshall
 (b) Address Acadia Mo

19. (a) 11/10/44 (b) Audrey Campbell
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
 year 1944 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Aug. 10 1944 to Oct. 31 1944
 that I last saw her alive on Oct. 31 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Mega carditis
apoplexy
 Due to _____
 Due to _____

Duration

18 Mo.

2 years

before

Other conditions _____
 (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) (e) Means of injury _____

23. Signature Morell Mo. (M. D. or other) MD
 Address _____ Date signed 11-2-44

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1144-1272

Date Filed NOV 20 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.....

.....
working under my personal supervision.

Myself

....., Registered Apprentice No.

Signed.....

Oran L. Hersh

Licensed Embalmer No. 3812

P. O. Address Quincy 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.