

FILED JAN 15 1945
Registration District No. 1

Primary Registration District No. 4433

State File No. _____

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Putnam

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

(c) Name of hospital or institution: home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Thirty four Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam 76

(c) City or town Unionville 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA L. PIEKENBROCK

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F | 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Gus Piekenbrock

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

7. Birth date of deceased July 24, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>28</u>	hr. _____ min.

9. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation homework

11. Industry or business _____

12. Name Russell W. Jones

13. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

14. Maiden name Martha Melton

15. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Green Anderson

(b) Address Unionville, Mo.

17. (a) Burial (b) Date thereof 12-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville, Mo.

18. (a) Signature of funeral director H. H. Huston

(b) Address Unionville, Mo.

19. (a) Jan 23-1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 1, 1944 to Dec. 22, 1944
that I last saw her alive on Dec 22 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the left breast

Duration 1 yr.

Due to _____

Due to _____

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

Major findings: 50
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 0

23. Signature [Signature] (M.D. or other) _____

Address Unionville Date signed 12-29-44

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

6
1
0

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-45-148

Date Filed JAN 12 1945

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: F. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville, 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.