S. No. 2
M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1945

Registration District No. 213

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3916

State File No. 6833

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Perry

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

(c) Name of hospital or institution: 1 Tuy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 82-10-10
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

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

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Anna Behrle

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fritz Behrle

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased April (Month) 7 (Day) 1862 (Year)

8. AGE: Years 82 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Charles Klemp
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Tony Behrle
(b) Address Perryville R.F.D. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Mo.

18. (a) Signature of funeral director Young & Sons.
(b) Address Perryville Mo.

19. (a) 2-19-45 (Date received local registrar) (b) Thos J Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1945 hour 1 minute A M.

21. I hereby certify that I attended the deceased from 2-9, 1945 to 2/16, 1945
that I last saw Dr alive on 2-16, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (Lobar)	9 days
Due to Anemia	
Due to Arthritis	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature C. M. Wiedmann (M. D. or other) DO

Address Perryville Mo Date signed 2-17/45

1526

(Licensed Embalmer's Statement on Reverse Side)

IVED

...ict Health Officer No. 4

...ict File Number 345-295

Date Filed 3-5-45

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 Wallace Lowry

Licensed Embalmer No. 7027

P. O. Address Perryville 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.