. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1945

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5551

State File No. 13538

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains RFD 2
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Howell

(c) City or town West Plains Rt 2
(If outside city or town limits, write "RURAL")

(d) Street No. 41
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Ella Deel Brennecke

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife E. H. Brennecke

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 11/6-1886 (Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Cape Girardeau, MO 11 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Daniel Felty
13. Birthplace ..... Pa. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kennison
15. Birthplace ..... MO. 11 (City, town, or county) (State or foreign country)

16. (a) Informant E. H. Brennecke

(b) Address West Plains MO

17. (a) B (Burial, cremation, or removal) (b) Date thereof 4/1-45 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director Robertson

(b) Address West Plains MO

19. (a) 4/20-45 (Date received local registrar) (b) Jail Hadley (Registrar's signature)

1125

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29 year 1945 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from April, 1941, to March 29, 1945; that I last saw her alive on March 21, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	
Left Hemiplegia	2-2-45
Due to General Arteriosclerosis	
Due to	
Other conditions Right Hemiplegia (Include pregnancy within 3 months of death)	5-4-43

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 E. C. Bohrer (M. D. or other) MD

Address West Plains Mo Date signed 4-7-45

(Licensed Embalmer's Statement on Reverse Side)

Bohrer

RECEIVED
District Health Officer No. 5
District File Number 545260
Date Filed 5/11/45

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 A. D. Roberts

Licensed Embalmer No. 3432

P. O. Address West Paris, Me

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.